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Effects of a Severely  
Mentally Retarded Child  
on Family Integration

BERNARD FARBER

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# Effects of a Severely Mentally Retarded Child on Family Integration

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\* From the Institute for Research on Exceptional Children and the Department of Sociology and Anthropology, University of Illinois, in cooperation with the Department of Public Welfare, State of Illinois.

## FOREWORD

This study is the third in a series of monographs from the Institute for Research on Exceptional Children at the University of Illinois.

Literature on parent-child relations is rich in studies of the effects of varying attitudes and behavior of parents on the development of children. There are few studies, however, on the effects of children on parents. Since severe mental retardation, among handicapping conditions, produces a traumatic situation for parents, this problem becomes an important one for research in the understanding of the family.

From a practical point of view, the problem is an important one. Psychiatrists, social workers, psychologists, and others are advising and counseling parents of retarded children. As many parents will testify, the suggestions and advice received by them are contradictory. Some advise the parents to keep the child at home. Others advise the parents to institutionalize the child. Some suggest institutionalization at an early age. Others suggest institutionalization at an older age. Some claim that it is beneficial to parents and siblings to take care of a severely retarded child at home. Others state that the child's presence is detrimental to parents and siblings.

The Institute for Research on Exceptional Children has been able to obtain the services of a research sociologist, whose specialty is the study of the family. Dr. Bernard Farber is bringing to bear on this problem the theories and research methodologies of the family sociologist. This is the first report of an intensive research program on the study of the effects of a retarded child on family integration. Subsequent studies on this and related problems will be forthcoming.

This study was supported by a grant from the Mental Health Fund of the Illinois State Department of Public Welfare.

SAMUEL A. KIRK, *Director*  
*Institute for Research on*  
*Exceptional Children*  
*University of Illinois*

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Dr. Joseph A. Albaum of the Lincoln State School and Mr. Robert E. Wallace of the Dixon State School helped the investigators to establish a working relationship with the parents' associations and permitted an analysis of data in their files.

The research would not have been possible without the cooperation of the associations of parents with mentally retarded children. The frankness with which the parents described their lives enabled all personnel of the project to gain a fuller understanding of problems of mental retardation. Organizations which participated in the gathering of data were:

Aid to Retarded Children, Inc., Springfield  
Association for Mentally Retarded Children, Southwest Chicago  
Dixon State School Parents Association  
Iroquois Association for Retarded Children, Watseka  
Lincoln Parents Association  
Mattoon Parent Group for Mentally Retarded Children  
Mentally Retarded Children's Aid, Berwyn  
North Shore Association for Retarded Children, Evanston  
Orchard School Parent Group, Skokie  
Paris Council for Retarded Children  
Park Ridge Aid for Retarded Children  
Peoria Council for Mentally Retarded Children  
Retarded Children's Aid, Inc., Chicago  
Retarded Children's Aid of Danville  
Retarded Children's Educational Project (Association House), Chicago  
Suburban Southwest Association for Mentally Retarded Children, Oak Lawn  
Uptown Aid for Retarded Children, Chicago  
West Side Mentally Retarded Children's Aid, Chicago

By their participation in supplementary studies, parents in the Danville Area Council of Parents and Teachers and the Mothers' Club of the Holy Cross School of Champaign facilitated the development of hypotheses and the testing of instruments.

The research benefited especially from the following persons at the University of Illinois: Samuel A. Kirk; J. E. Hulett, Jr.; Laurence Stolurow;

William C. Jenne; Leonard S. Blackman (presently at the Edward Johnstone Training Center, Bordentown, N.J.); and Julia McHale (presently at the Oklahoma Mental Retardation Training Center, Tulsa, Okla.). There were also innumerable contributions by other members of the research staff, who displayed much ingenuity in interviewing and in the analysis of data.

Permission by the University of Chicago Press and the American Sociological Society to reproduce published sections of the interview forms in Appendix B is gratefully acknowledged.

## INTRODUCTION

Ordinarily, parents can take either of two courses with respect to their severely mentally retarded child: they can keep the child at home or send him to an institution, usually a state institution. The course they follow depends upon a variety of factors—their own views on parental responsibility, the doctor's opinion, costs of keeping the child at home, the reputation of the institution, possible effects on the retarded child and his siblings, and the opinions of friends, relatives, and neighbors.

One of the factors to be considered in determining whether a severely retarded child should be institutionalized is the degree to which he affects adversely the members of the family. The aim of this investigation is to describe various conditions influencing the effect of a severely mentally retarded child on family integration.

The conceptual scheme used in guiding the research will be described below. First, the concept of family integration will be discussed and then the process by which the mentally retarded child affects the family will be considered. This process will be described as an arrest in the life-cycle of the family. The process of arrest in the family cycle will be used to explain how such independent variables as age and sex of the retarded child, sex of the normal siblings, social status of the parents, community participation of the parents, and institutionalization of the retarded child affect family integration.

## CONCEPT OF FAMILY INTEGRATION

Family integration is regarded as consisting of two factors: the consensus of its members as to domestic values and a lack of role tension in the interpersonal relations between family members (19; cf. 7). The continued existence of the family as a group depends upon the successful performance of certain tasks such as socialization of parents and children, maintenance of a domicile, and economic activities. Successful performance of these tasks can be viewed as ends or values in family life (cf. 46, p. 203). These ends are evaluated in decision-making and establishing routines and are ranked by the family members in order of preference. The preference hierarchies describe the potentialities and tendencies of future action of the individuals as family members.

Sometimes, in spite of a high degree of consensus in ranking domestic values, family members fail to coordinate their roles effectively. The system of roles can then be said to be in a state of tension, and the character of interpersonal relations is affected. In the communication which accompanies

the role tension, tempers may flare, arguments may occur, affectionate demonstrations may cease, decisions may be imposed, the family members may become sullen. As these behaviors become the expected instead of the exceptional action in the association, they tend to be attributed by the actor to the other person or to himself as integral parts of the actual self. Conformity to role expectations is then considered superficial and difficult. Role tension thus may be regarded in terms of the degree of tension, anxiety, and frustration generated in the process of developing and playing given roles and is characterized by an interstimulation of hostile responses (14).

It is assumed that in the highly integrated family (a) the individual members develop domestic and community roles while maintaining a sense of personal integrity and (b) family members meet crises without loss of commitment to one another and with a minimum of disruption of their domestic careers.

#### THE LIFE-CYCLE AND INTEGRATION OF THE FAMILY WITH A SEVERELY MENTALLY RETARDED CHILD

Family integration as consisting of consensus on values and a lack of tension in the system of roles is a static description of the family as a system of social relations at a given time. Family social relations, however, are obviously of long-term duration and under continual change.

This investigation is concerned with the problem of relating family relations described statically as integration of values and roles at a given time to family relations as they change over a long period of time.

The change in family relations over a long period of time is discussed below as the life-cycle of the family. Hypotheses relating the retarded child to family integration will be derived on the basis of the way in which the retarded child seems to affect the family cycle. In this section, therefore, the concept of family cycle and effects of a retarded child on the family cycle will be described.

In sociological studies of the family, the concept of the life-cycle has led to increased understanding of processes by which families are integrated (e.g., 24, 41, 52). Generally, contemporary American families can be described roughly as passing through the following stages in their life-cycle:

- (a) The married couple.
- (b) The family whose youngest child is of preschool age.
- (c) The family with a preadolescent youngest child.
- (d) The family with an adolescent youngest child.
- (e) The family in which all children are adults.
- (f) The family in which all children are married.

Specific norms and activities are characteristic of each of these stages in the family life-cycle (41, 52). The involvement of the family members in



these norms and activities is considered as important in determining the extent of family integration. The application of the life-cycle concept to families with a severely mentally retarded child may reveal insights into the integration of these families.

Another concept seems necessary, however, to explain *how* a mentally retarded child affects the family life-cycle, which in turn affects family integration. The concept chosen is that of career. Career has been used traditionally in the context of work and occupations, but the character of marriage and the family in contemporary society increases the number of alternatives that the course of a person's home life may take. With the breakdown of the three-generation household, family roles are not as fixed and static as they once were. It, therefore, seems justified to apply the career concept to family life.

A career is regarded as a progression by an individual through a series of roles. As a subjective counterpart of changes in role, a career is also a sequence of self-identifications by an individual. The basis for the career development is that each shift in roles seems to be accompanied by a change in the standpoint of viewing reference groups (58) and persons (66) (if not by a replacement of these with new reference groups). In changing his viewpoint of reference groups and persons, the individual identifies himself differently and tries to develop roles appropriate to this modification in identification (22). The individual's career is thus under continual development (23).

The family as a system of domestic careers is related to the concept of family integration, defined in the previous section, in the following ways: (a) Consensus on domestic values describes the extent to which the family members agree on a common set of goals toward which their careers are oriented. (b) The tension in the system of roles indicates the relative failure of family members to coordinate their interaction at a given time.

The course of the mentally retarded child's family life is different from that of his brothers and sisters. The object of the conceptual scheme presented in this section is to show how the peculiar career of the mentally retarded child affects the life-cycle of his family and, consequently, family integration.

### *The Family Life-Cycle and Individual Careers*

If the family is viewed as a system of careers, a marked shift in one career in the system affects the other careers. However, it is apparent that shifts in some kinds of careers in the family system generally have greater consequences for family integration than others. It is assumed here that the parents are ordinarily the principal coordinators of family life. The effects of shifts in the careers of children, insofar as they affect family integration, are assumed to affect the other children primarily through an adjustment of the parents to this shift (60, p. 139). In adjusting their roles to the shift

in the career of one child, the parents would then change their relationship to the other children and to each other. This discussion does not imply that the career development of one child does not affect the socialization of another, but that this problem is considered secondary in a consideration of general family integration.

As an ideal type, the family is viewed, therefore, as a series of triads, each triad representing a mother-father-child relationship. Two components for all the triads in the family will be in common (the mother and father). The number of triads in a family equals the number of children in that family. The representation of the total family as a series of triads permits the examination of each triad as a unit of analysis.

A stage in the family cycle can be defined by marked changes in the career of any family member. Any marked change in the career of one member will demand an adjustment of roles of the other members in the triad to this career change. Change in one triad should then affect other triads. The entire patterning of roles will thus have to be modified. Therefore, the point of reference in describing movement in the family life-cycle may be the father, the mother, or the child, whoever undergoes a marked shift in his career line. If the child starts school, he is the stimulus for movement in the family cycle; if the father retires, the shift in his career is the stimulus; as the child takes over the roles of the adolescent, again the other members of the family must modify their conduct and self-identifications. Hence, through the interaction of careers, the family life-cycle proceeds from one stage to the next in the family in which all members are normal (23).

Having described the social process in the family as it would exist ideally, we shall turn to the family with a severely mentally retarded child, in which there is a marked departure from the ideal.

#### *Arrest in the Family Cycle*

The presence of a severely mentally retarded child in the family is regarded here as a factor in the arrest of the family cycle (cf. 4, pp. 542-543). This assumption is made on the following basis:

1. In their interaction with their children, parents tend to assign a status to the child commensurate with the capabilities they impute to the child.

- a. The roles embodied in the status are classified on the basis of an age grading. By definition, normally, mental age is approximately equal to chronological age.

- b. Age grading in a culture is regarded as a psychological rather than a biological variable. (E.g., the chronologically middle-aged severely retarded individual is generally regarded as a "boy" or "girl" by those with whom he interacts.) One religious group, the Hutterites, excludes

the mentally retarded from adult responsibility by canceling baptism requirements, thereby giving them a moral status of children (18).

2. As the child proceeds in his career, the parents normally tend to shift correspondingly in their self-conceptions, and roles. With respect to their normal children, ideally, parents continually redefine their roles, obligations, and values to adjust to the changing role of the child. With respect to their retarded children, the parental role is fairly constant. Regardless of his birth order in the family, the severely mentally retarded child eventually becomes the youngest child socially (32).

In terms of its activities, the family with a severely retarded child at home would not emerge from the preadolescent stage in its life-cycle. The severely retarded child would not engage in dating and courtship, belong to organizations, seek part-time employment, or take part in other activities characteristic of adolescents. In his progressive movement to the youngest-child status in the family, the severely retarded child would thus not merely slow down movement in the family cycle, but would also prevent the development of the later stages in the cycle.

#### *Arrest in the Family Cycle and Family Integration*

The family with a retarded child lives in a community of families with normal family cycles. Especially when normal children are in school, parents with a retarded child face different problems from others in the community at that age (cf. 17). Interests differ, time spent in household administration and child care differs, baby sitting arrangements differ. Interaction with other parents whose children are of comparable chronological age would be modified by the presence of the retarded child. Hence, arrest in the career of the child caused by his mental defect affects the development of the parents' domestic and community career, and the value system of one or both of the parents may undergo change. With a constant testing of the appropriateness of various family values, the parents may come to disagree in their ranking of ends. In the process there may be a decline in the mutual dependence of the careers of the husband and wife.

However, arrest in the family cycle is felt not merely in the disruption of domestic careers with potential dissensus described above. More obviously, arrest in the family cycle provides a situation in which anticipated roles are frustrated. There is the initial shock, at which time parents have described themselves in exploratory interviews as living in a void, having nothing to live for, wishing for death. After that, as several parents have phrased it, they learn to live with their problem. Career frustration, thus, may continue to be a factor into the parent's old age. The parent's adjustment and personal commitment to his domestic roles at any time are thereby impeded.

Difference in the meaning of the arrest of the retarded child in his life career to his parents and siblings seems of central importance in assessing

the effects of the child on family relations. In accordance with the view of the family as a series of triads, the parents would generally perceive the arrest of the retarded child's life career in the context of the life careers of all the family members and be affected in the marital relationship by gross deficiencies in the development of the child's life career. We can call the parents career-oriented. On the other hand, the siblings in the other triads would view arrest of the retarded child's life career in terms of its immediate effects on their own family roles and would be especially sensitive to the retarded child's behavior at a given time. We can describe the normal child as role-oriented.

As independent variables, sex of the retarded child and social status of the parents are regarded as major determinants in the parents' definition of the retarded child's actual and ideal life career. Degree of dependence of the retarded child and sex of the normal sibling, however, are seen as independent variables in determining the effect of the retarded child on the normal sibling's role. The age of the retarded child enters into both the parents' conception of the retarded child's life career and the normal sibling's role.

The relationship between family integration and the independent variables will be discussed more fully in the section on Hypotheses.

#### *Counteracting Arrest in the Family Cycle*

In addition to the circumstances described above which influence the degree of arrest in the family cycle, two other considerations will be taken into account in the investigation of conditions which affect integration in a family with a severely mentally retarded child. These conditions are (a) institutionalization and (b) the parents' contact with persons outside their own nuclear family (i.e., family of procreation).

If the problem of whether to institutionalize a retarded child were stated only in terms of the extreme arrest in the family cycle, the answer would have to be always to institutionalize the child. That is, if arrest in the family cycle with its accompanying decrease in family integration is a function of the adjustment of the parents and normal siblings to the mentally retarded child, the less that family members have to do with the child, generally, the less severe would be the child's effect on them.

There are, however, two factors to consider. The first factor is the degree of arrest in the family cycle. In this factor, the independent variables discussed above (such as age and sex of the retarded child, social status, and degree of dependence) are regarded as important. The second factor is the relationship of the normal family members with the rest of the community (i.e., all social systems external to the nuclear family). The second factor is based on the assumption that, given a certain degree of arrest in the family cycle, various community contacts will help or hinder the family members in their integration with one another. The independent

variables concerning community effects on family integration will be discussed in the next section. Thus, both degree of arrest in the family cycle and community relations will be taken into account in studying the problem of whether to institutionalize the retarded child.

### *Family Integration and External Social Systems*

With the truncation of the family cycle, all of the family members must reorient their life with respect to the retarded child. In the reorientation, the social concepts in family life and the norms surrounding these concepts change in meaning. When the chronologically older child is severely retarded, "older sibling" does not connote the same thing as it ordinarily does. "Playing" with a retarded child is not the same as "playing" with a normal child of the same age. "Discipline" of a retarded child does not have the same connotations as "discipline" of a normal child.

With the sharpening of differences in social concepts and their implicit norms between families with a retarded child and those without one, the distinction between supportive and nonsupportive community relations becomes important.

Supportive persons in the community would be those who are willing to interact with the family members on the basis of the reoriented definitions of social concepts. Ordinarily, those persons and institutions stressing general values of parental obligation and love for children would reinforce the revised family norms. Religious groups and extended family would tend to support these norms.

Nonsupportive persons in the community would be those who interact with families with a retarded child primarily within the framework of the traditional or conventional social concepts. They have not revised their concepts of age and sex norms, play, growth, or the distant future. Involvement in these groups by members of families with retarded children would create doubt and anxiety over the propriety of the revised social concepts.

Supportive persons in the community would thus enhance family integration in the adjustment to arrest in the family cycle. Nonsupportive persons would hinder the family's integration.

## REVIEW OF LITERATURE

In this investigation, family integration is regarded as the dependent variable. The independent variables are age and sex of the retarded child, sex of the normal siblings, social status, mother's view of dependence of the retarded child, supportive and nonsupportive community relations, and whether the child lives at home or in an institution. Arrest in the family cycle is regarded as the process by which the independent variables affect family integration. In this section, the research literature on the implications of the independent variables for family integration will be reviewed.

### FAMILY INTEGRATION

The reaction of families to the depression in the 1930's provided the impetus to the study of the relationship between crisis and family integration. Since then, the focus of family integration studies has shifted to crises in mental and physical illness.

Studies of the reaction of the family to the depression pointed out that postdepression integration was a function of earlier adaptable adjustment (1, 10, 36) and the value systems of the parents (7). In a similar kind of analysis, Hill explained adjustment to the crisis of military service separation and reunion on the basis of the family's recuperative capacity (29). In these studies, the nature of the event producing the crisis was easily identified—loss of a job or income, military separation and reunion. The problem for study was whether postcrisis integration could be predicted from precrisis organization of the family. The inference made was that certain identifiable families could devise strategies for counteracting the crisis while others could not.

Recent studies on family integration have focused upon the situation in which the family members cannot easily define the event precipitating the crisis. The family with an alcoholic father faces a series of events about which decisions must be made. Situations arise which have no ideal solution, but which may lead to various risks and further unpredictability (31). Similarly, the family with a father who is mentally ill is faced with a series of decisions, with each alternative carrying its own risk (12). The goal of recent family integration investigations is to conceptualize the process by which crisis and reaction to crisis occurs (e.g., 15). With the crisis process conceptualized adequately, questions can be raised about variation in the severity of crises—how one kind of crisis has a more severe effect on family integration than another and the conditions under which the severity of the crises may vary.

## THE PRESENCE OF A HANDICAPPED CHILD IN THE FAMILY AS CRISIS PRODUCING

There is an accumulation of evidence that the presence of a handicapped child in the home creates a crisis for the nonhandicapped family members. The research, however, has generally been restricted to the investigation of kinds or number of problems present in families with handicapped children. Roe found problems of adjustment among families with a cerebral palsied child (51). In a study on an Australian sample, Schonell and Watts uncovered many "family upsets" in families with a child with an IQ of 55 or under (54). Various other studies report on the feelings of frustration, projection, doubts, fears, guilt feelings, and other behavior indicating personal maladjustment of the parents of mentally retarded children (13, 25, 27, 33, 49, 53, 62, 65, 70, 75, 77).

An exception to investigations focusing on an inventory of problems is the study by Korkes of parents of mentally ill children (39). Korkes found that the parents' conception of the nature of their child's mental illness affected the amount and kind of communication between husband and wife. The results of her exploratory study suggest that parents who define the cause of their child's mental illness as independent of themselves are less affected adversely than parents who blame themselves. Her findings also indicate that previously minor disturbances in family life are magnified by the presence of the child who is mentally ill.

Parents of retarded children probably are less able than parents of children who are mentally ill to define the cause of the child's illness as independent of themselves. While the existence of disruption of family routines, plans, and activities associated with the presence of a handicapped child is well-documented, the process by which this disruption occurs has not been investigated adequately.

## CONCEPTS RELATING TO INDEPENDENT VARIABLES

Each independent variable is significant in this study because of the way it reflects a variation in the rate of movement or the kind of situations accompanying the truncated family cycle. Concepts which have bearing on the dependent variables are age and birth order, sex and social status, dependence, community participation, and relation with in-laws and parents.

### *Age and Birth Order*

The relationship between birth order and role of a normal child has been shown in several studies. In interviews with mothers of kindergarten children, Sears and his associates found that the mother tended to view herself as the primary disciplinarian of the youngest child and her husband

as the primary disciplinarian of the oldest child (55, p. 409). Similarly, an investigation of high school and college students by Henry showed that the father is seen as the principal disciplinarian by the oldest child while the mother is perceived as the principal disciplinarian by the youngest child (28; cf. 34). In relating birth order and aggressiveness, Sears found that oldest children were more aggressive toward their parents than middle or youngest children (53, p. 417; cf. 35).

In his study of large families, Bossard describes the "oldest child" role in the family (6). By the oldest child role, he means family roles delegating to a child the responsibility for caring for, protecting, and/or teaching his siblings. This role Bossard finds most often expected of the oldest child—usually the oldest daughter. Bossard's report on personal adjustment, however, indicates that generally the oldest child in the large family is rated as more poorly adjusted than his siblings. The inference may be drawn that the oldest child role is not conducive to high personal adjustment.

The significance of the research on birth order for the present study is that according to the process of arrest in the family cycle, socially, the normal child tends progressively to assume an older child role in relation to the retarded child. In this connection, Shere found that the parents of 30 pairs of twins, one of which was cerebral palsied, tended to overprotect the cerebral palsied twin and to make him a central figure in the family (57). In addition, the parents generally expected their normal child "to assume more responsibilities and to act in a more mature manner" than the observers felt appropriate to their age or actual capabilities. Shere's study also showed that the noncerebral palsied twin was more stubborn, more easily excited, more resistant to authority, more jealous, and less cheerful than the twin with cerebral palsy.

### *Sex Differences*

In his investigation of normal children's perceptions of their parents' attitudes and behavior toward them, Ausubel found that girls in elementary school, to a greater extent than boys, regarded their parents as valuing them "for themselves apart from considerations of relative competence and ability" (2, p. 179). The results of Zelditch's anthropological study of age and sex roles in the nuclear family in various societies are similar (80). Zelditch's findings show how the boys develop task-oriented roles and girls social-emotional roles in the nuclear family (cf. 64, esp. pp. 1103-1104). The emphasis on social-emotional roles of girls as compared with boys is confirmed in Koch's investigation of elementary school children (35). She found that in comparison with boys the girls were rated as more affectionate and obedient and less resistant.

The investigation by Sears and his associates of mothers of kindergarten children showed that mothers expected their boys, more often than



their girls, to (a) go farther in school, (b) perform certain chores around the house, (c) act aggressively toward neighborhood children and not aggressively toward their parents, and (d) fight back if provoked (55, pp. 396-407).

The research literature on sex differences suggests that mental retardation in a boy will have a different meaning for the parents than will mental retardation in a girl (cf. 38).

### *Dependence*

In her discussion of the relative frequency of high dependence in only children as compared with children with siblings, Stendler concluded tentatively that generally "size of family, per se, is not an all-important factor" (61). Her concern with the number of children as related to dependence raises the question of sibling rivalry as associated with the presence of a highly dependent child. Studies by Levy, Baldwin, and Sewall indicate that sibling rivalry for the mother's attention arises in maternal overprotection (42) and in the presence of a new infant (3, 56).

With the retarded child generally highly dependent, these studies suggest that the degree to which the mother expects the retarded child to act in a highly dependent role affects the adjustment of the normal siblings (cf. 57).

### *Social Status*

The difference in parents' expectations of their daughters in higher and lower social segments has been noted in various studies. Rabban has found that middle-class girls developed concepts of sex role later than lower-class girls (48). West found that the likelihood of a daughter's attending college was more influenced than a son's by either of her parents having been to college (78, p. 699). Both Komarovsky and Wallin found that college girls were faced with a dilemma in that their parents wanted them to succeed academically, but in dating, the girls had to "play dumb" (37, 73). This dilemma emphasizes the changing conceptions of the female role in middle-class groups as compared with lower-class groups. In middle-class groups, the difference in sex-role is becoming blurred. No comparable trend is apparent in literature on lower-class groups (e.g., 79). We would thus expect that the difference in the meaning of mental retardation of boys and girls in higher and lower social statuses would affect parents differently.

### *Community Participation*

Risler, in his exploratory study on isolated families, found that lack of intimate contact with other families tended to facilitate the development of abnormal behavior patterns (50). Weinberg investigated family isolation as a factor in incest behavior (76). Zimmerman and Broderick reported

that "successful families have more intimate family friends and have more in common with their friends than unsuccessful families do" (81). Burgess and Wallin concluded that "socially active persons are more religious and conventional, and more determined to make a success of marriage" (9). These studies are in agreement that participation in the community is related to family integration and mental health.

In his study of divorced women, Goode found, however, that certain community contacts are not conducive to successful marriage—e.g., the husband's being involved too much with "the boys," another woman, or his own parents (26).

Stryker investigated the adjustment of married couples to their parents. His data indicate that women are more likely to be dependent upon their mothers than are men and that the wife's adjustment to her mother tends to be significantly higher than her adjustment to her mother-in-law (63).

We would thus view community participation in terms of the support which this participation gives to the marital relationship. High participation with certain groups and persons would tend to be disruptive of the marriage while participation with others would strengthen the marriage.

## HYPOTHESES

In the introduction to the monograph, the general conceptual scheme upon which the study was organized was presented. The research literature pertinent to the conceptual scheme was then reviewed. In this section, hypotheses about the effects of a retarded child on family integration will be developed on the basis of the conceptual scheme and review of the literature.

As suggested in the discussion of the family as a series of triads, arrest in the family cycle induced by the retarded child probably affects the parents in a manner different from that in which it affects the normal siblings. The parents are faced with the responsibility of decision-making for the entire family and thus must be aware of consequences of decisions for all of the family members. Therefore, parents' *long-run* aims for socializing children and for maintaining the family unit influence their interpretation of events affecting the family cycle. The parents can be called career-oriented.

On the other hand, the normal child is a member of a unique mother-father-child triad. The child has little insight into long-run consequences of action and is not placed in a position of making decisions outside his own triad. His frame of reference in making decisions is not so much what his siblings will think as what his parents will think. Thus, instead of basing his decisions on long-run consequences, ordinarily, the child will be concerned with the short-run approval or disapproval by his parents. In operating within his own family triad, the child will be sensitive to minor short-run shifts in family roles which could facilitate or threaten his self-esteem. As a result, the child can be called role-oriented (cf. 43).

With the career-oriented versus role-oriented dichotomy, we would expect that gross variations in family interaction based on differences in career (such as sex of the retarded child) would affect the parents' marriage markedly, whereas variations in family interaction based on minor differences in role (such as degree of dependence of the severely retarded child) would influence relations between normal children and their parents greatly. As a consequence of the view of the family as a series of triads, therefore, hypotheses on marital integration will be discussed separately from role tension of normal siblings.

The first hypotheses to be discussed will be those relating to families with a retarded child living at home. Following the development of these, hypotheses on institutionalization will be presented. Finally, hypotheses on community relations and marital integration will be described. The general relationships between the variables discussed in the hypotheses are outlined below:

I. Variables reflecting movement in the family life-cycle.

A. Stable social characteristics reflecting basic values and defining the ideal life-careers of children.

- i. Sex of child.
2. Social status of the family.
3. Religious identification of the parents.

B. Characteristics of children defining the character of interpersonal relations within the family at a given time.

1. Chronological age of the child.
2. Degree to which the child is dependent upon the parent.
3. Residence of the child at home or away from home.

II. General effects of a severely retarded child on family integration.

A. Parents, oriented toward the long-run operation of the family life-cycle, are affected in their integration mainly to the extent that the retarded child causes them to depart from ideal life-careers associated with certain stable social characteristics.

B. Normal siblings, oriented toward the character of interpersonal relations at a given time, are affected in the integration primarily to the extent that the retarded child introduces difficulties in maintaining gratifying interaction among family members.

C. Variation in the character of interpersonal relations at a given time (induced by characteristics of the retarded child) tends to affect the integration of parents and children differently.

III. Strategies to counteract effects of the retarded child on the family.

A. Change in the character of interpersonal relations within the family (especially institutionalization).

B. Seeking emotional support from those outside the family (especially religious groups or in-laws).

C. Escape from interaction in the family through community participation.

1. Neighborliness.
2. Seeing friends.
3. Participating in formal organizations.

FAMILIES WITH A RETARDED CHILD AT HOME

The hypotheses discussed in this section are concerned with the capabilities attributed to the child by the parents and sex of the retarded child as related to the integration of both parents and siblings.

*Marital Integration and Sex of the Retarded Child*

If it is assumed that in American society more importance is attached by parents to the achievement of boys than girls, having a severely retarded boy should have a greater effect on the parents than should having a retarded girl. The difference between parental ideal aspirations for a normal child

and the actual development of the child would be more profound where the retarded child is a boy. The normal girl is expected to marry and to have a family; the normal boy, however, is expected eventually to achieve a status in the community at least equal to that of his father. The male adult is the reference point for familial status. With the girl's career defined primarily in terms of home and family, evaluation of the role of the normal girl in the family would be based upon her help with the housework and her personal appearance. The boy's role, however, is evaluated primarily with respect to extrafamily relations—progress in school, leadership, or prowess in athletics. The severely retarded girl is thus able to conform generally to more of the parents' expectations than can a retarded boy and her career is thereby arrested to a lesser extent. The hypothesis tested was: Hypothesis I. *The marital integration score of the parents of a mentally retarded boy tends to be lower than the marital integration of parents of a mentally retarded girl.*

#### *Social Status and Marital Integration*

Various studies (55, 78, 79) have indicated that parents' anticipations regarding careers of boys and girls vary with social status of the parents. Hence, social status of the parents should be taken into account in assessing the effects of the retarded child on family integration. The anticipated career of the girl as that of wife and mother seems to represent the expectations of lower-class parents more accurately than the expectations of the middle-class parents. The changing role of the middle-class women, as reflected in the increasing number in the labor force, increase in divorce, and rise in educational attainment, make possible a heightened degree of nonfamilial career expectation in middle-class families (9, Ch. 1; 37). Taking the social status into account, therefore, we would expect that the marital integration of middle-class parents of a severely retarded girl would be more affected than the marital integration of lower-class parents of a mentally retarded girl and that middle- and lower-class parents of boys would be equally affected.

The composite hypothesis tested on families in which the retarded child lives at home was:

Hypothesis 2a. *For families regarded as lower-class, marital integration of parents of retarded boys tends to be lower than marital integration of parents of retarded girls.*

Hypothesis 2b. *For families regarded as middle-class, marital integration of parents of retarded boys is not significantly different from the marital integration of parents of retarded girls.*

#### *Perceived Capabilities of the Retarded Child and Marital Integration*

Differential effects of a mentally retarded child on the marital relationship as compared with the interaction between the mother and normal

siblings were discussed at the beginning of the chapter. According to this discussion, minor variations in the capabilities of the retarded child as perceived by the mother should have little effect on marital integration. The hypothesis tested was: Hypothesis 3. *There is no statistically significant difference in marital integration between families in which the mother perceives the mentally retarded child as highly dependent and families in which the mother perceives the child as being relatively independent.*

#### *Perceived Capabilities of the Retarded Child and Role Tension of Siblings*

From a social structure viewpoint, the oldest child role places the child in a position in which he must mediate demands made by his parents (especially his mother) with demands made by his siblings. His own wishes and needs are not met. Furthermore, in order to handle both sets of demands, the individual in the oldest child role must withdraw, at least to some extent, from nonfamily activities. The oldest child role, therefore, frequently creates a situation of potential conflict, anxiety, and personal frustration and reduces possibilities for tension release away from the family.

In the discussion of arrest in the family cycle, it was pointed out that as the retarded child and his siblings grow older, in the sibling relationship, the retarded child tends more and more to assume the role of the younger child. His siblings, regardless of chronological age, tend to carry on the activities of an older child. The retarded child would be inclined to depend upon his siblings for care and protection. Thus, the presence of a severely retarded child would tend to generate an oldest child role in the family.

The extent to which an oldest child role exists in a family with a mentally retarded child would depend, at least in part, on the extent to which the mother regards the retarded child as dependent on others for care and protection. As she views the retarded child as highly dependent, so she would expect at least one of her children (especially a daughter) to assume responsibilities for caring for and protecting the retarded child. The hypothesis tested was: Hypothesis 4. *In families in which the mother regards her severely retarded child as highly dependent, the child's normal sibling tends to be characterized by higher role tension than the sibling in families in which the mother regards her severely retarded child as relatively independent.*

#### *Sex of the Retarded Child and Role Tension of Siblings*

If the data are consistent with the statement on differential effects of the presence of a retarded child on parents and siblings, the sex of the retarded child should not affect the role tension scores of siblings. We thus expect

that, (Hypothesis 5) *for normal brothers and sisters, there is no significant difference in the role tension scores assigned by the mother between families in which the retarded child is a boy and those families in which the retarded child is a girl.*

#### HOME VERSUS INSTITUTION

According to the functionalist's view of the family, various practices are instituted to maintain the integrity and continuity of the group. The manner in which potential disrupting situations are frequently avoided is to limit the amount of interaction with the persons who might act to undermine group integrity.

In contemporary American society, the family removes the child from interaction by placing him in a state-supported or private residential school. The effects of placing a child in a residential school or institution, we expect, *with certain exceptions*, will operate to increase family integration.

#### *Marital Integration and Institutionalization*

Avoiding constant interaction with the mentally retarded child is ordinarily accomplished by the parents by placing the child in a public or private residential school for the mentally deficient. In assessing the effects on the marriage of placing a child in an institution, we should take into account the sex differences of retarded children in influencing marital integration. We would expect that placing a boy in an institution would produce more dramatic effects in family life than would placing a girl. On the basis of findings by Farber and Blackman (21) on the lack of association between marital role tension and the sex of normal children, we would also expect that the differential effect of mentally retarded boys and girls on marital integration would disappear for families in which the severely mentally retarded child, aged 16 or under, has been placed in an institution. These expectations can be stated as:

Hypothesis 6a. *For parents who have institutionalized a mentally retarded child, parents of boys tend to have a marital integration score not significantly different from parents of girls.*

Hypothesis 6b. *Parents of institutionalized, severely mentally retarded girls and parents who have a retarded girl at home tend to have marital integration scores not significantly different from one another.*

Hypothesis 6c. *Parents who have institutionalized their severely mentally retarded boy will tend to be characterized by higher marital integration scores than parents who have a mentally retarded boy at home.*

The following hypotheses, 7 and 8, on age and social status represent refinements of Hypothesis 6.

### ***Marital Integration and Age of Retarded Boy***

According to the statement that the retarded child affects family integration through his inducing arrest of the family cycle, as the retarded child grows older the more apparent is the difference between normal family development and the truncated development in his own family. The parents are faced with problems unlike those of parents of normal children, the siblings now tend to be mainly in the oldest child role, and any hope that the parents had held for the child's achieving normality have vanished. If the strategy of institutionalization is effective, placing the retarded in an institution should indicate greater differences in marital integration between home and institution samples when the child is older than when the child is younger. The hypothesis tested was:

**Hypothesis 7a.** *When the retarded boy is young, marital integration of parents with a retarded son at home is not significantly different from the marital integration of parents with a son in an institution.*

**Hypothesis 7b.** *When the retarded boy is older, the marital integration of parents with a retarded son at home tends to be lower than the marital integration of parents with a son in an institution.*

In the testing of hypotheses on age, the cutting point for the comparisons on effects of age of the retarded child was between 9 and 10 years of age because this point was at the middle of the age range for the retarded children in the families studied. There is no special significance attached to this specific cutting point.

### ***Marital Integration and Social Status***

In the section on hypotheses about families with a retarded child at home, the marital integration of parents of middle-class girls was expected to be about the same as the integration of parents of middle-class boys. If this is found to be true, then placing middle-class retarded children in an institution should increase the parents' marital integration. The hypothesis tested was:

**Hypothesis 8.** *In middle-class families, parents of a retarded child at home tend to have a lower marital integration score than parents with a retarded child in an institution.*

### ***Family Role Tension of Normal Siblings and Institutionalization***

There seems to be much pressure by the parents for their normal children to conform to mature expectations (57). The basis for this pressure may be an attempt by the parent (a) to escape from the demands of attention of the retarded child, (b) to seek compensation for the tragedy which has beset him, (c) to resolve his own general anxiety, (d) to participate in activities with parents of normal children, or any combination of these. At any rate, responsibilities and expectations are increased for the normal siblings. The parents then evaluate the normal siblings in terms



of more mature standards than the age and abilities of the children might warrant. In effect, the parents are assigning the normal child an "oldest child" role. In doing this, the parents would both notice and create more role tension for the normal children when the children failed to conform to their parents' expectations. The hypothesis tested was:

Hypothesis 9. *Normal siblings of a severely retarded child at home are characterized generally by a higher family role tension than the normal siblings in families in which the retarded child has been placed in an institution.*

#### *Siblings and Age of Retarded Child*

In developing hypotheses, it was speculated that the effect of the severely retarded child on his siblings is a function of the extent to which the normal child attends or is responsible for the retarded sibling. Placing the child in an institution early in his life thus should have a more beneficial effect on the normal sibling's adjustment than later placement. Inasmuch as the care for the retarded child tends to fall mainly to the normal sister, Hypothesis 10 was:

10a. *When the retarded child is young, the role tension of normal sisters is higher when the retarded child is at home than when the retarded child is in an institution.*

10b. *When the retarded child is older, the difference in role tension of normal sisters with a retarded sibling at home will not be significantly different from the role tension of normal sisters with a retarded sibling in an institution.*

#### *Siblings and Social Status*

In the discussion of differential effects of the retarded child on his parents and siblings, it was stated that the siblings are mostly affected by role-defining rather than career-defining situations. If social status is primarily a career-defining situation, it should have no appreciable effect on the normal sibling's adjustment whether the retarded child is at home or in an institution. The hypothesis tested was:

Hypothesis 11. *Whether the retarded child is at home or in an institution, role tension of normal siblings in middle-class families will not be significantly different from the role tension of normal siblings in lower-class families.*

### COMMUNITY RELATIONSHIPS

In this section, the relationship between the family with a retarded child and the community will be examined. The social system with which the study deals is the nuclear family (husband and wife and their children). All social systems external to the nuclear family will be regarded as community. Included in the category of community will be membership in formal organizations, neighborliness, friendships, and participation with

extended family (i.e., participation with parents and in-laws of the retarded child's parents).

#### *Marital Integration and Supportive Groups and Persons*

Perhaps the two groups most profoundly influencing the moral life of the individual in contemporary urban society are his religious group and his family. The effectiveness of these two agencies in providing emotional and intellectual support to parents who keep their severely mentally retarded child at home was examined.

Voluntarily institutionalizing one's own child runs counter to the dominant American-European value of parental obligation and love for one's children. The parents may be in conflict with one another or within themselves over institutionalization versus obligations to children. (For almost all parents taking part in the study, this conflict seems to have been resolved, with the parents having reached a decision on whether or not to place the child in an institution.) Inasmuch as removing the child from daily family interaction would eliminate the child's disrupting effect on family integration, parents with a severely retarded child tend to be strongly tempted to place the child in an institution. It requires constant group support and sympathetic understanding to convince even partially the parents of a retarded child at home that they are adequately fulfilling their domestic careers. We would thus expect that religious groups and kinship ties which would provide the greatest reinforcement of traditional parental obligations would be able to counteract disintegrating effects of arrest in the family cycle more effectively than those which do not.

#### *Religion and Marital Integration*

Various sociological studies, from Durkheim's research on suicide to the present, have indicated that involvement in the Catholic Church provides emotional support in a crisis situation. To paraphrase Merton's paradigm (44.P-93);

- i. "Social cohesion provides psychic support to group members subjected to acute stresses and anxieties."

2. In an urban society, parents of severely mentally retarded children living at home are subjected to unrelieved anxieties and stresses.

3. Low marital integration is a function of unrelieved anxieties and stresses.

4. "Catholics tend to have greater social cohesion than non-Catholics."

5. Therefore, the marital integration of non-Catholics should be more severely affected than that of Catholics by the presence of a severely mentally retarded child in the home.

Involved in the concept of Catholic social cohesion are the ceremonies and rituals of Mass, sacrament, and confession, as well as the relationship to priest and fellow parishioners and the symbolism of the papacy. Hypothesis 12 was:

12a. *The marital integration of non-Catholics tends to be lower in families in which the severely mentally retarded son is at home than in families from which the son has been placed in an institution.*

12b. *In contrast, there will be no significant difference in marital integration of Catholic parents whether their retarded son is at home or in an institution.*

Quantitatively, we would expect that, regardless of religious affiliation, more frequent church attendance would indicate greater involvement in religious activities. Since in various religious groups the emphasis placed on the support of domestic values differs, however, we would not expect that the quantitative analysis show as much effect on marital integration as the Catholic versus non-Catholic comparison. The hypothesis tested was:

Hypothesis 13. *Of families with a retarded child at home, parents who attend church services frequently tend to have a higher marital integration than those who do not attend church.*

#### *Marital Integration and Relations with Extended Family*

The necessity for adjusting to the retarded child at home is generally greater on the part of the mother than the father. From the interview data, it seems that it is generally the mother who suffers a "nervous breakdown" or complains that the child takes all of her time. The father is ordinarily away at work and more frequently is able to avoid the child if he wishes. A close relationship between the mother and her parents, therefore, would seem more crucial to the reduction of role tension than a close relationship between the father and his parents. If the father rejects the child and refuses to adjust his role to the capabilities of the child, he may identify the child as a cause for his marital difficulties. He would then *reinforce his relationship to his parents* and seek their emotional support. The husband's regarding the child as the cause of marital difficulties is facilitated by the time and attention given by the wife to the child instead of to him. If the wife can receive emotional support from her mother, her role tension could be reduced. Dependence of the wife upon her mother is to be met with approval in American society, but dependence of the husband upon *his* mother is generally disapproved (63). Thus, for families with a severely retarded child at home, a close relationship between the wife and her own family would facilitate marital integration whereas a close relationship between the husband and his own family would be dysfunctional to the marital relationship.

Hypothesis 14. *In families with a retarded child at home in which the wife reports that she sees her mother frequently, the marital integration tends to be higher than in families in which the wife's mother is seen infrequently.*

Hypothesis 15. *In families with a retarded child at home in which the husband reports that he sees his mother frequently, the marital integration*

*will tend to be lower than in those families in which the husband's mother is seen infrequently.*

#### *General Community Participation*

The situation of the parent with a severely mentally retarded child, according to the analysis of arrest in the family cycle, is not one in which the parent needs support and stimulation toward further development of conventional family norms. He requires support for his role as a parent of a severely retarded child. Because of the arrest in the family cycle, his interests and routines differ from those of parents of children of chronological age similar to that of his retarded child.

Nonsupportive community relations would tend to be centered in those associations which pertain to interests other than the mentally retarded. Ordinarily, neighboring, friendship associations, and activity in organizations are based on the dominant values and norms in the community and give support to those values. They would not, however, give support to a parenthood career revolving around the mentally retarded. On the contrary, these associations would tend to be means for escaping the problems, duties, and responsibilities connected with being a parent of a mentally retarded child. In evaluating his home life, the parent with high participation in these nonsupportive associations would shift his point of reference to that prevalent in these associations. He would come in conflict with the values which make the situation of being a parent of a mentally retarded child a tolerable one.

The parents' isolation from supportive reference groups could lead to a blurring of family value hierarchies; lack of emotional support and continual building of personal tension would operate to increase uncertainty of the appropriateness of the parents' roles. The final result in the marriage would then be a generation of role tension and breakdown in consensus on values. Inasmuch as marital integration is here regarded as agreement in value hierarchies and coordination of roles, *continued participation of the family with a retarded child in nonsupportive community associations would tend to increase the potentiality of marital disintegration.*

High participation in neighboring, friendship associations, and formal organizations would then tend to be disruptive of the marital relationship.

Hypothesis 16a. *Fathers and mothers of a retarded child at home who are high in neighborliness tend to have lower marital integration than parents who are low in neighborliness.*

Hypothesis 16b. *Fathers and mothers of a retarded child at home who see many friends frequently tend to have lower marital integration than parents who see few friends or no friends frequently.*

Hypothesis 16c. *Fathers and mothers of a retarded child at home who are active in formal organizations (not pertaining to religion or mental retardation) tend to have lower marital integration than parents who are not active in formal organizations.*

## THE SAMPLE

The results of any social research are applicable only to a population of certain characteristics. The purpose of this chapter is to describe the characteristics of the population to which this study applies. If the sampling of families were done by randomizing procedures, we could assume that the findings would pertain to all families with a severely mentally retarded child in Metropolitan Chicago and with some validity to all such families in highly urbanized areas. To use random sample procedures, however, we would have to have a complete listing of all families with a severely mentally retarded child. Even if a list of children who would be classified as severely mentally retarded by medical and psychological examinations were available, the question is raised whether the medical and psychological definitions are appropriate in the assessment of effects of the child on the family.

This chapter will include a discussion of the purposeful restrictions of the sample and a description of social characteristics of the families studied. A supplementary discussion of the completeness of available lists of parents with a severely mentally retarded child, representativeness of the lists of parents, and effects of the means for gathering data upon the selection of the sample appears in Appendix C.

### PURPOSEFUL RESTRICTIONS OF THE SAMPLE

Studies of social crises have shown that the way in which a family meets a situation defined "objectively" as disrupting present or anticipated family routines (e.g., unemployment, induction into military service) (i, 29) depends upon how the family members define this crisis. When the crisis can be described by a single easily identifiable event (e.g., reduction in income, loss of job, departure for military service), there is little disagreement among family members as to whether an event requiring readjustment of family members has occurred. When, however, the identification of the crisis situation may depend upon a large number of behaviors of an individual, defining the situation as a family crisis depends upon the parents' recognizing the event as disrupting or frustrating present or anticipated family routines.

If the situation is defined by the family members as *no different in any way* from the situation they expect to encounter and when these individuals believe the family routines they have developed will meet the situation, there is no crisis. Families of mildly retarded and "borderline" children

were not included in the study to avoid the situation in which the parents did not regard the child as retarded or in which the parents' routines and expectations did not require marked readjustment. The present investigation regards the retarded child (as defined medically and psychologically) as injecting the *potentiality* of crisis in family relations. Once the parent regards his child as severely mentally retarded, he must then reevaluate the efficacy of the norms and roles in the family in meeting the situation of having a mentally retarded child. Thus, only when the parents perceive this child as mentally retarded does the actual crisis occur. Usually, defining the child as severely retarded takes place when the child's IQ is roughly 50 or lower.

To determine how this crisis affects family integration is the goal of the study. In sampling, therefore, we wish to include only those families who have defined at least one of their children as severely mentally retarded.

In order to maintain some homogeneity, it was decided that only families in which both husband and wife were living together at the time of the investigation would be studied. This restriction would eliminate the families in which one parent had died, a divorce or separation had occurred, or the mother was unwed.

The restriction to couples married at the time of the study probably eliminated families whose integration was most affected by the presence of a severely mentally retarded child. For example, several parents specifically stated that the presence of the retarded child was a factor in their divorce. In several families, the physical hypertension associated with the presence of the mentally retarded child may have precipitated the heart attacks which brought on the death of parents (cf. 34). Unfortunately, it is not possible to assess the accuracy of the parents' reports. At any rate, any conclusions of the effects of the child on family integration, when the family at the time of the study is broken by death or divorce, would be highly speculative. Probably, in some of the broken families, the presence of the mentally retarded child was a factor in family disintegration. Therefore, the results of the study will likely understate the disintegrating effects of the retarded child.

#### DESCRIPTION OF THE SAMPLE

On the basis of the study of factors in the sample selection and discussion of family characteristics regarded as pertinent to the present investigation, only cases with the following characteristics were analyzed in assessing the effects of a severely mentally deficient child on family integration:

- a. Both parents Caucasian.
- b. Child regarded as severely mentally deficient by one or both parents.

- c. Mentally deficient child 16 or under.;
- d. Only one child in the family regarded by the parents as severely mentally deficient.
- e. Parents married and living together at time of study\*
- f. Mentally deficient child born in the present marriage.
- g. Parents in contact with parents' association for promoting the welfare of the mentally retarded.

. Inferences made in this monograph as to effects of a severely mentally deficient child on family integration will refer only to families of the above characteristics living in a large metropolitan area similar to Chicago in 1956.

The 240 families used in the analysis described in this monograph had the following characteristics at the time of their interview:

Of the 240 families, 175 had a retarded child at home, 49 had a child in a state institution, and 16 had a child in a private residential school for mentally deficient.

The couples who participated had been married 14.6 years on the average ( $SD = 6.1$ ). In about 90 percent of the cases, this was the first marriage for both husband and wife. The mean age reported by the wives was 38.7 ( $SD = 6.5$ ) and the mean age of the husbands was 41.1 ( $SD = 7.2$ ).

Approximately 69 per cent of the men and 63 per cent of the women had completed at least 12 years of formal schooling. The mean number of years of formal education completed by the men was 12.7 ( $SD = 3.2$ ) and the mean number of years completed by the women was 11.8 ( $SD = 2.6$ ). Since half the adults aged 25 or over in Chicago had completed fewer than 10 years of formal education, the educational level of the families in the study was clearly biased toward the upper levels.

The upper level bias in education was reflected in the distribution of family income and occupations of the husbands. The median annual family income reported (after income taxes had been deducted) was \$5,850. Almost 50 per cent of the husbands were in occupations classified in the U. S. Census as either professional and technical workers or managers, officials, and proprietors. About 12 per cent of the men were in clerical or sales work. Almost one-fourth of the men were craftsmen or foremen. One-eighth of the cases were in the semiskilled category. Less than 5 per cent of the men were in unskilled work.

The religious preference of 45 per cent of the men was Protestant. Approximately one-third of the men were Roman Catholic and about one-sixth were Jewish. The remainder reported either "none" or did not respond to the question on religion. The women's report on religion was also about 45 per cent Protestant, but almost 40 per cent of the women indicated their preference as Catholic and 15 per cent as Jewish.

In over two-thirds of the couples, both husband and wife had been born in the United States. In only 4 per cent of the families were the husband and wife both foreign-born.

The 240 families had a total of 665 children or a mean of 2.8 children per family. The 175 families with a retarded child at home had a mean of 2.7 children; the 65 families with a retarded child in an institution had a mean of 3.1 children. In 14 per cent of the cases (32 families), the retarded child was the only child, but just five of these retarded only children were institutionalized. In one-third of the families, there was one normal child in addition to the retarded child.

The upper age limit of the retarded children in the study was 16. The mean age of the retarded children was 8.7 ( $SD = 3.6$ ). The ages for the oldest and youngest normal siblings, however, was not limited and in some instances extended into the twenties. The mean age of the oldest normal child in the 206 families with normal children was 11.4 ( $SD = 7.0$ ). The mean age of the youngest normal child in the 125 families with more than one normal child was 6.3 ( $SD = 6.3$ ).

In general, parents who participated in the research had been married about 15 years, were in their first marriage, were about 40 years of age, had a median income of close to \$6,000 per year, had at least a high school education, tended to be in white-collar occupations, were more often Protestant than Catholic or Jewish, were native-born, and had, on the average, about three children with their mean ages ranging between 6 and n.



## PROCEDURE

The procedures used to collect and analyze the data in the investigation are described below. In this section, the interview, the instruments for estimating integration and other family and individual attributes, and techniques for analyzing the data will be discussed.

### THE INTERVIEW

The development of the interview procedures rested on preliminary explorations concerning families with retarded children. In the early stages of the study, professional persons working with the mentally retarded were interviewed. Discussions were held with the chief of social service in institutions in Illinois, who also made available for analysis the personnel files of those at Lincoln and Dixon State Schools. Following the discussions with professional persons and the reading of social service files, exploratory interviews were conducted by the study director and research associate. The investigators also visited meetings of the parents' associations for promoting the welfare of the mentally retarded and talked informally with the parents. As the interviews proceeded, the questionnaires and interviewing procedure were slowly formalized. So that the rate of interviewing could be increased, three additional interviewers were hired. The entire staff contributed suggestions and criticisms on interviewing procedures. Preliminary interviews were conducted with parents of severely retarded children in Champaign, Urbana, Rantoul, Danville, Paris, Watseka, Mattoon, Springfield, and numerous small communities in central Illinois. Parents in Peoria mailed in their completed forms. Through continual modification, these preliminary interviews provided a means for testing various drafts of the questionnaire and for refining indices. Eighty-eight families participated in the study during the first year.

After a preliminary analysis of the material gathered during the first year, the questionnaires and interview forms were modified. The interviews which provided the data for the major part of the study were obtained in the Chicago area from October, 1955, to December, 1956.

A staff of 10 to 15 part-time interviewers was maintained in Chicago. Most of them held Master's degrees in social work, sociology, psychology, or child development. All interviewers had had considerable interviewing experience. The study director was in continual communication with each interviewer by telephone and letter. In addition, the interviewers met with the study director at least once each month to discuss problems of inter-

viewing. Further instructions on interviewing were included in a dittoed "Family Integration Project Guide for Interviewers."

The interviewing procedure developed was for two interviewers to visit each family in their home at an appointed time. The form which the interview assumed was based on the following rationale:

- i. Husband and wife may be willing to disclose different aspects of the family life. By piecing together the separate interviews of husband and wife, the case analyst can form his own interpretation. Husband and wife therefore were interviewed separately (in separate rooms if possible) and at the same time.

2. Information which may not be disclosed orally may be disclosed in writing (30).

Thus, the interview, which lasted about two and one-half hours, was in two sections. The first part consisted of a face-to-face interview in which the interviewer asked a series of questions and tried to record the responses verbatim. The fullness of notes taken by the interviewer depended upon the demands of the situation for maintaining rapport and continuity of conversation. The interviewers probed whenever necessary to obtain fuller or more complete responses. The second section of the interview was written. Almost all of the responses were of the multiple-choice kind, requiring a check-mark or a number. Ordinarily, the written section of the interview lasted about three-quarters of an hour to an hour.

The oral part of the interview covered general questions on the relationship between the retarded child and his siblings; the parent's conception of the diagnosis of mental retardation; the parent's first and later reactions to the diagnosis as well as his perception of his mate's and children's reactions; advice to other parents with retarded children; his views on institutionalization; and a description of family routines on an ordinary day. In addition, the parent answered questions about his hopes and plans for both normal children and the retarded child; his attitudes about parent associations for promoting the welfare of the mentally retarded; his activities in formal organizations (e.g., fraternal organizations, labor unions); and such information as number, age and sex of children; the parent's own birthdate and place of birth, education, religious activities, and occupation. (See Appendix A.)

The written portion of the interview included the following: respondent's rating of the personality traits of all family members; his participation with friends, parents, and siblings; contacts with neighbors; his ranking of domestic values; the history of his own courtship and early marriage; his views toward social mobility; income; self-perceived changes since the birth of the retarded child; persons confided in and enjoyed most; availability of sitters for the retarded child; a listing of persons who would object to placing the child in an institution; personal adjustment in marriage and the family; a modified Vineland check-list; and an inventory of traits related to neuroticism. (See Appendix B.)

## INSTRUMENTS

The following instruments were used in the tests of hypotheses reported in this monograph: index of marital integration, sibling role tension index, modified Vineland scale, and a neighborliness scale.

### *Index of Marital Integration*

The index of the couples' marital integration at the time of the study consists of the degree of consensus on ranking values by the husband and wife and an estimation of existing marital role tension between them (19). The husband and wife were asked to rank a series of 10 values and to rate themselves and each other on personality items related to interpersonal tension. The husband's ratings on values were then correlated with his wife's, with the higher rank correlation indicating a greater consensus on values. As in past studies on marriage, the ratings on personality items were scored with the most favorable rating (indicating a minimum tension) weighted high. The two scores were each weighted by arbitrarily assigning a couple whose score fell into the upper quartile of the sample a *j*; into the second highest, a *2*; the third highest quartile, a */*; and finally a *o* weight to the lowest quartile. The couple's quartile scores for the two indices were then added together to provide the index of marital integration. For example, a couple whose consensus and marital role tension scores both fell into the top quartile received a marital integration score of 6; a couple whose scores both fell into the lowest quartile was given an integration score of 0. (See Appendix D.)

In families in which there is no retarded child present in the home, the marital integration score has been found to have a positive relationship with the following: (a) a high stress on social-emotional aspects of family life (e.g., companionship and affectional relations) on the part of the husband as well as the wife, (b) a high degree of personal identification of the husband with his wife, (c) a high degree of identification of the wife with at least one of the children.

In families with a severely mentally retarded child at home, the marital integration score was found to be positively related to both parents' reporting that they themselves and their spouse are happy or very happy in their marriage. On the other hand, the marital integration score was found to be negatively related to a statement by husband and wife that either one of them has ever regretted the marriage.

Interviewers' observational reports provided additional evidence of the validity of the index of marital integration.

### *Sibling Role Tension Index*

The index of sibling role tension used in the study is the rating by the *mother* for each normal child on 10 personality traits on which the parents also rated themselves and their spouse (cf. 19).

The personality traits in the index included: gets angry easily, stubborn, jealous, irritable, dominating, moody, self-centered, easily hurt, easily excited, and depressed. The respondents were asked to rate their normal children on these traits on a five-point scale: markedly, considerably, somewhat, a little, and hasn't the trait at all. The extremely favorable rating, in terms of minimum of tension, was scored +2, the extremely unfavorable rating was scored -2. The scores for the 10 traits were then totalled; *the higher the numerical score, the lower is the role tension*. The maximum possible score on the index is +20. The minimum possible score is -20. The index was substantiated through comparison with other interview data and with observations made by the interviewers. (See Appendix E).

#### *Modified Vineland Scale*

The index of the mother's view of the degree of dependence of the retarded child was her ratings for the retarded child on a modified Vineland Social Maturity Scale (16). Items which enabled the parents to report more on dependence of the retarded child upon them and which were appropriate for older children were included in the scale.

#### *Neighborliness Scale*

The neighborliness scale was developed by P. Wallin and tested in San Francisco and Palo Alto, California (74). The scale is a unidimensional Guttman scale with 12 items ranging from: "How many of your best friends who live in your neighborhood did you get to know since you or they moved into the neighborhood?" to "How often do you have a talk with any of your neighbors?" Before the interviewing began in Chicago, the investigators tried out the scale in central Illinois and found that the items fell in much the same pattern as in California for both the husbands and wives.

#### *Operational Definitions*

For several hypotheses, the classification of cases was made on the basis of a response to a single question. Some of these items are: (a) the retarded child's living at home or in an institution, (b) social status, and (c) age of the retarded child. These three items recur in a number of hypotheses and will be defined below. (Other one-question response classifications, such as frequency of seeing mother or friends; which appear only in one hypothesis, will be described in the section in which the results of the test of the hypothesis are reported.)

Living at home or in an institution: a child was classified as living in an institution if, at the time of the study, he resided on a *full-time basis* in either a state school for the mentally deficient or in a private school for the mentally deficient. If the child was at home at the time of the study either on a trial furlough or having just been discharged, he was not included in the institution sample. (There were fewer than five such cases.)

The child was classified as living at home if he was in a day school for trainable children, attended no school, or was on a trial furlough or had been discharged from an institution.

Social status: in the social status analysis, those occupations falling into the U. S. Census classifications O, 2, 3, and 4 were regarded as white-collar or middle-class; non-white-collar occupations or lower-class categories were 5, 6, 7, and 9 (68). White-collar thus includes occupations classified as professional and technical workers, managers, officials and proprietors, and clerical and sales workers. The non-white-collar category is composed of occupations classified as craftsmen and foremen, operatives, private household workers, service workers, and laborers.

TABLE I

INSTRUMENTS AND QUESTIONS FOR EACH HYPOTHESIS TESTED, FOR INDEPENDENT AND DEPENDENT VARIABLES

<i>Hypothesis</i>	<i>Instrument or Questions Pertaining to Independent Variable</i>	<i>Instrument Pertaining to Dependent Variable</i>
1	Sex of retarded child	Index of marital integration
2	Sex of retarded child (in combination with social status)	Index of marital integration
3	Modified Vineland scale	Index of marital integration
4	Modified Vineland scale	Sibling role tension index
5	Sex of retarded child	Sibling role tension index
6	Retarded child at home or in institution (in combination with sex of retarded child)	Index of marital integration
7	Retarded child at home or in institution (in combination with age of retarded boy)	Index of marital integration
8	Retarded child at home or in institution (in combination with social status)	Index of marital integration
9	Retarded child at home or in institution	Sibling role tension index
10	Retarded child at home or in institution (in combination with age of retarded child)	Sibling role tension index (for normal sister)
11	Social status (in combination with sex of retarded child and residence of retarded child at home or in institution)	Sibling role tension index
12	Religious preference or affiliation	Index of marital integration
13	Frequency of church attendance	Index of marital integration
14	Frequency of seeing wife's mother	Index of marital integration
14a	Frequency of seeing wife's mother (modified Vineland held constant)	Index of marital integration
15	Frequency of seeing husband's mother	Index of marital integration
16a	Neighborhoodness scale	Index of marital integration
16b	Frequency of seeing friends	Index of marital integration
16c	Activity in formal organizations	Index of marital integration

Age of the retarded child: age of the child was as of his last birthday. For example, if the child was 9 years and 11 months, he was classified as being 9 years of age.

The instruments and questions used in testing the various hypotheses are summarized in Table 1.

#### ANALYSIS OF THE DATA

The discussion on analysis of the data will include the following: (a) tests of statistical significance, including use of one-tailed and two-tailed tests and minimum sample size, (b) normal siblings included in the analysis, (c) open-ended responses in the interview, (d) cases in which the husband was not interviewed, (e) an estimate of the marital relationship if no mentally retarded child had been born, (f) marital integration and number of children, (g) religious preference and occupation, and (h) private versus state institutions for the mentally retarded.

The procedures pertaining to the general analysis of the data in this study are described. Procedures having to do with only a single hypothesis will be discussed along with the findings for that hypothesis.

##### *Tests of Statistical Significance*

The application of tests of statistical significance in this study was determined by assumptions as to kind of data, the test of theory, and size of the samples.

The data upon which the study is based are in general not precise enough to be considered as cardinal numbers (i.e., equal intervals and a zero point). The data are considered as ordinal (i.e., capable of being ranked). This being the case, nonparametric tests of significance were regarded as appropriate. Because of its high efficiency and comparability to the *I* test, the Mann-Whitney U test was applied in the tests of hypotheses in the investigation. The Mann-Whitney formula took into account ties in rank. The Mann-Whitney U test provides a basis for inferring whether or not the "bulk" of one population is higher in rank than the "bulk" of a second population (59, pp. 116-127). The means are not used in the calculations. In the report, however, in order to communicate the extent of differences between samples, the means are reported. The .05 level of significance was used for accepting or rejecting the null hypotheses.

The hypotheses were developed as tests of the conceptual framework of arrest in the family cycle as affecting family integration. Except where "no significance" was predicted, one-tailed tests were applied in the test of hypotheses.

In general, the power of a statistical test decreases as the sample size also decreases. Therefore, a minimum sample size was established for which tests of statistical significance would be computed. Ten cases was regarded

as the minimum number of cases in a single sample upon which statistical inferences would be based (71, p. 166).

#### *Normal Siblings in the Investigation*

In the investigation of role tension of normal siblings, the mother's rating for only the oldest boy and girl in the family in the 6 to 15 age range were used in the analysis. The oldest in the 6 to 15 age range was selected as the most probable candidate for the oldest child role. Siblings 16 and over may hold a full-time job, spend much time in dating, or otherwise become highly involved in extrafamily activities. Siblings 5 or under would probably not be expected to take on responsibilities in caring for the retarded child. The role tension ratings for boys and girls were examined separately. Ratings for 47 boys and 54 girls were analyzed.

#### *Open-Ended Responses*

In this monograph, the results of the sections of the interview in which the parent gave open-ended responses are not reported. However, in order to have a qualitative basis for inferences, the investigators scanned the open-ended responses in the interview. The reading of the interview data provided qualitative corroboration of the results gained through the more standardized statistical procedures.

#### *Cases in Which Husband Was Not Interviewed*

In 13 cases, only the wife was interviewed. The husband had refused to participate in the study. Six of these cases had the characteristics desired in the sample studied. As shown in Table 2, in the 13 cases in which the wife alone was interviewed, she tended to report that her marriage was

**TABLE 2**  
**COMPARISON OF APPRAISALS OF THE MARRIAGE BETWEEN FAMILIES IN WHICH ONLY THE WIFE PARTICIPATED AND FAMILIES IN WHICH BOTH HUSBAND AND WIFE PARTICIPATED**

<i>Appraisals of the Marriage</i>	<b>ONLY WIFE INTERVIEWED</b>		<b>BOTH HUSBAND AND WIFE INTERVIEWED*</b>	
	<i>No. of Cases</i>	<i>Per Cent</i>	<i>No. of Cases</i>	<i>Per Cent</i>
Neither husband nor wife regrets the marriage	2	15.4	72	38.7
Both husband and wife happy or very happy	3	23.1	114	61.3
Total number of cases	13		186†	

\* Both husband and wife gave the indicated appraisal of the marriage.

† All cases with a child living at home; Negro cases excluded.

not happy. To omit cases in which only the wife was interviewed would decrease the number of low marital integration couples in the study. Furthermore, if these cases are similar to other nonparticipating families, inclusion of these six cases would increase the validity of statistical inferences.

The six cases in which the wife alone was interviewed and the family characteristics were those desired in the investigation were, therefore, included in the study. The following adjustments were made in the scoring of marital integration:

a. If one spouse did the ranking on values, but the other did not, the consensus *who* was regarded as 0.00 and the couple received a score of 1 in the consensus section of the marital integration score.

b. If one spouse did not fill out trait sheet, his total personality score was regarded as 0 and the personality trait score for the couple was computed on the basis of the other spouse's trait score.

The mean marital integration score for these six couples was 2.17.

#### *Estimate of Marital Relationship if No Retarded Child Had Been Born*

The relationship between the parents' actual marital integration and an estimate of what their integration might have been had no retarded child been born was examined. If the relationship between the actual integration and the estimate were statistically significant, the degree of estimated integration (had no retarded child been born) would have to be held constant in the tests of hypotheses.

Farber and Blackman found that, in families in which all children, regardless of sex, are of normal intelligence, marriage integration tends to remain at a fairly constant level in the early and middle years of marriage (21). Therefore, an estimate of the integration in the early years of marriage should provide an indication of the probable integration at the time of the study if no retarded child had been born.

To examine effects of family resources in meeting the crisis of having a mentally retarded child, the hypothesis tested was: For all families, regardless of whether the retarded child is a boy or girl, parents with high integration early in the marriage are more highly integrated on the average at the time of the study than are parents whose early integration was low.

To estimate the degree of early marital integration, a battery of marital prediction items found statistically significant in at least three previous studies (8, pp. 408-421) was used and statements in which the parents themselves evaluated the early stage of their marriage were obtained. The check-off responses to these questions were scored by arbitrarily giving the least favorable response for a given question a weight of 0 and assigning each more favorable response 1 more than the next lower response. For example, if there were four alternative responses, the least favorable was



given a weight of 0 and the most favorable, a weight of J. This is the procedure followed in most marriage prediction studies. Scores for the individual questions were then totaled. The scores for the wife and husband were then added together to produce a marriage prediction score for the couple. The maximum possible score was 78 and the minimum, 0. The median for the 240 cases conforming to the sample characteristics was 45. In the comparison of the present marital integration of couples of high and low marital prediction scores, those couples with a prediction score of 45 and over were compared with couples with a prediction score of 44 or below.

For the 127 families in which the marriage prediction score was at the median or above, the mean marital integration score was 3.70. The marital integration score of the remaining 113 families was 3.18. The Mann-Whitney U test was applied. As a one-tailed test, the resulting  $z$  of 2.31 was significant at the .01 level. Therefore, we infer that, for families with a severely mentally retarded child, the degree of marital integration prior to the birth of the retarded child has influenced the degree of marital integration at the time of the study. As a result of the findings on integration early in the marriage, in tests of the hypotheses which follow, whenever possible, families in which the parents' marriage prediction score fell at the median or above were examined separately from those in which the marriage prediction score fell below the median.

#### *Marital Integration and Number of Children*

Regarding the family as a series of triads implies that the number of children is independent of the degree of marital integration of the parents. If the degree of marital integration is significantly related to the number of children, the assumption of the family as a series of father-mother-child triads cannot be made. Since the families with a retarded child in an institution had more children than those with a retarded child at home, the assumption about the family as a series of triads seems necessary to make comparisons between families with a retarded child at home and families with a retarded child in an institution.

The 240 families in the total sample were classified according to marital integration score and the number of children, both retarded and normal, in the family. The families were compared on the distribution of marital integration scores found in each category of number of children. The categories of number of children were 1, 2, 3, 4, 5, and 6-or-more. A Kruskal-Wallis analysis of variance was computed (59, pp. 184-193). The resulting  $H$  was 1.034. The probability of obtaining an  $H$  of this size (with five degrees of freedom) when all samples are drawn from populations of the same distribution lies between .95 and .98. Since the marital integration score is independent of the number of children, assumption of the family as a series of triads seems plausible.

### *Religious Preference and Occupation*

An examination of the sample characteristics revealed that religious preference and occupational status reported by the participants in the study were not independent (cf. 47). The relationship between religious preference and occupational classification is indicated in Table 3. In Table 3, the white-collar occupations are the U. S. Census categories of (a) professional and technical workers, (b) managers, officials and proprietors, and (c) clerical and sales workers. Craftsmen, foremen, operatives, service workers, and laborers were classified as non-white-collar. According to Table 3, whereas only 36 per cent of the Catholic men were in white-collar occupations, 70 per cent of the Protestants and 88 per cent of the Jewish men were classified as white-collar.

**TABLE 3**  
**HUSBAND'S RELIGIOUS PREFERENCE OR AFFILIATION AND THE**  
**CLASSIFICATION OF HIS OCCUPATION AS WHITE-COLLAR**  
**OR NON-WHITE-COLLAR**

<i>Religious Preference or Affiliation</i>	<i>No. of Cases</i>	CLASSIFICATION OF OCCUPATION					
		WHITE-COLLAR		NON- WHITE-COLLAR		FARM OCCUPATION OR UNKNOWN	
		<i>No. of Cases</i>	<i>Per Cent</i>	<i>No. of Cases</i>	<i>Per Cent</i>	<i>No. of Cases</i>	<i>Per Cent</i>
Catholic .....	81	29	35.8	51	63.0	1	1.2
Jewish .....	32	28	87.5	4	12.5		
Protestant .....	107	74	69.2	33	30.8		
None or unknown ..	20	10	50.0	9	45.0	1	5.0
<b>Total .....</b>	<b>240</b>	<b>141</b>	<b>58.8</b>	<b>97</b>	<b>40.4</b>	<b>2</b>	<b>0.8</b>

If, for the total 240 cases, Catholicism or social status as such was found to be significantly related to marital integration, one of them would have to be held constant while effects of the other on marital integration was tested under specified conditions such as institutionalization or sex of the retarded child.

Catholics and non-Catholics were compared on their scores on the index of marital integration. The mean marital integration score for Catholics was 3.49 and for non-Catholics 3.47. The two-tailed Mann-Whitney U test was not significant at the .05 level.

Similarly, the marital integration of those couples of white-collar-status was not statistically different from that of non-white-collar-status couples. The mean marital integration for the white-collar group was 3.60 and for

the non-white-collar 3.30. Holding Catholicism constant and comparing marital integration scores by social status produced substantially the same results.

Because no statistically significant results were found for effects of Catholicism and social status on marital integration in the total sample, Catholicism was not held constant in the testing of hypotheses on social status nor was social status held constant in testing hypotheses on religion.

#### *Private Versus State Institutions for Mentally Deficient*

With only 65 families with a child in a private or state institution for the mentally deficient in the sample, it seemed advantageous to treat all families with an institutionalized child as a single sample. Pooling all families, regardless of whether the child was in a state or private institution, seemed especially appropriate because the 16 private institution families were well distributed among samples classified by sex of the child and by the marital prediction score of the parents.

Approximately one-fourth of the institutionalized cases were in a private residential school. Inasmuch as this proportion is undoubtedly larger than that existing for all Chicago area parents with a child in an institution, a significant difference in marital integration scores between parents of children in private institutions and parents with children in state institutions would invalidate statistical inferences in the study concerning institutionalization.

The mean marital integration score of parents with a child in a private institution was 4.0a (16 families); the mean marital integration of parents with a child in a state institution was 3.47 (49 families). A two-tailed Mann-Whitney U test was not significant at the .05 level ( $z = 1.44$ ;  $p = .15$ ). Since the distributions of marital integration scores in the private and state institution samples were not significantly different, the data for the two samples were pooled and treated as a single sample.

## FAMILIES WITH A RETARDED CHILD AT HOME

This section is concerned with findings on the effects of a retarded child at home on family integration. Hypothetically, sex of the child and social status of the parents influence marital integration insofar as they are major determinants in the parents' definition of the retarded child's actual and ideal life career. Degree of dependence of the retarded child as perceived by the mother and sex of the normal sibling are seen as independent variables in determining the effect of the retarded child on the normal siblings' role. Age of the retarded child influences both the parents' conception of the retarded child's life career and the normal siblings' role.

The independent variables described above were related to the dependent variables of parental marital integration and sibling role tension. Results on age of the retarded child as affecting both parents and siblings will be discussed in the section on institutionalization and family integration. The results concerning the other independent variables are discussed below.

### RESULTS ON MARITAL INTEGRATION

In tests of hypotheses concerning the degree of marital integration, the index of marital integration described in the section on procedure was used. In the application of the index, a score ranging from 0 to 6 is assigned to each couple. The 0 denotes a low score and 6 a high score. The basis for the score in the index is the extent to which the husband and wife agree on a list of domestic values and the "favorableness" of their ratings on personality traits in describing their mate and themselves.

Hypothesis I. *The marital integration score of the parents of a mentally retarded boy tends to be lower than the marital integration score of the parents of a mentally retarded girl.*

Since the general hypothesis of arrest in the family cycle refers to families in which the severely mentally retarded child lives at home, only parents of the 175 retarded boys and girls living at home were compared. The mean marital integration score for the parents of the boys was 3.13 and the mean for the girls' parents was 3.82. With the Mann-Whitney U test as a one-tailed test, the  $z$  of 3.18 was significant at the .001 level. The results appear in Table 4.

Because 69 per cent of the parents of the girls had a marriage prediction score at the median or over, and only 45 per cent of the boys' parents had a high prediction score, a test was made to determine whether the difference in prediction scores could account for the results above. For parents with a high prediction score (45 or over), the mean marital integration score for parents of boys was 3.38 and the mean for parents of girls was 3.89. There were 47 families with a high marital prediction score in which the retarded

TABLE 4

## MARITAL INTEGRATION OF PARENTS, SEX OF THE RETARDED CHILD LIVING AT HOME, AND SOCIAL STATUS

Sample	MEAN MARITAL INTEGRATION SCORE					p
	FAMILIES WITH RETARDED BOY		FAMILIES WITH RETARDED GIRL			
	No. of Cases	Mean	No. of Cases	Mean		
All families with retarded child at home† . .	102	3.13	73	3.82	.001*	
Parents with high marital prediction scores	47	3.38	53	3.89	ns*	
Parents with low marital prediction scores	55	2.91	20	3.60	.05*	
Families by social status						
Families of middle-class social status . . . .	56	3.30	38	3.76	ns‡	
Families of lower-class social status . . . .	45	2.96	34	3.88	.005*	
High marital prediction families of lower-class social status . . . . .	25	3.12	24	3.75	.07*	
Low marital prediction families of lower-class social status . . . . .	20	2.75	10	4.20	.01*	

\* One-tailed Mann-Whitney U test.

† Differences for the various samples within family-with-boy and family-with-girl groups were not significant at .05 level with Mann-Whitney U two-tailed test.

‡ Two-tailed Mann-Whitney U test.

child was a boy and 53 in which the retarded child was a girl. The Mann-Whitney U test (one-tailed) was not significant at the .05 level. For parents with a low prediction score (44 or lower) the mean marital integration was 2.91 for parents of boys (55 families) and 3.60 for parents of girls (20 families). The difference was significant at the .05 level using the Mann-Whitney U one-tailed test ( $z = 1.61$ ).

It is concluded that the data support the hypothesis that having a severely mentally retarded boy affects marital integration of the parents more adversely than does having a mentally retarded girl.

Hypothesis 2 is a refinement of Hypothesis 1 on the effect of the sex of the retarded child on marital integration.

Hypothesis 2a. *For families regarded as lower-class, marital integration of parents of retarded boys tends to be lower than marital integration of parents of retarded girls.*

Hypothesis 2b. *For families regarded as middle-class, marital integration of parents of retarded boys is not significantly different from the marital integration of parents of retarded girls.*

As described in the section on Procedure, the occupation of the father as white-collar was used to indicate middle-class status and that of non-white-collar, indicates lower-class status.

Two families were not used in the analysis. In one, the father's occupation was that of farm manager. In the other case, the occupation of the father was not clearly described by either husband or wife.

Of the 79 families in which the retarded child lived at home and the father's occupation was non-white-collar, 45 had a retarded boy and 34 a retarded girl. The mean marital integration score for parents with a retarded boy was 2.96 and the mean integration score for the retarded girls' parents was 3.88. The Mann-Whitney U test produced a  $z$  of 2.62, which as a one-tailed test was significant at the .005 level. These results are also found in Table 4.

Ninety-four families were characterized by the retarded child's living at home and the father's occupation classified as white-collar. Of these, 56 had a retarded boy and 38 a retarded girl. For families with a retarded boy, the mean marital integration score was 3.30 and for families with a retarded girl, the mean was 3.76. With the Mann-Whitney test as a two-tailed test, the difference was not significant at the .05 level ( $z = 1.32$ ;  $p = .19$ ).

Families in which the father's occupation was non-white-collar were further analyzed on the basis of marital prediction score. When the marital prediction scores were taken into account, however, the differences in mean marital integration scores were still consistent with the above hypothesis. In the low marital prediction families, the mean marital integration score was 2.75 for parents of retarded boys (20 families) and 4.20 for parents of girls (10 families). The Mann-Whitney U one-tailed test was significant at the .01 level. In the high marital prediction score families, the mean marital integration score was 3.12 for parents of retarded boys (25 families) and 3.75 for parents of retarded girls (24 families), with a probability of chance expectation of .07.

The data, therefore, support the hypothesis that lower-class parents of retarded girls are less affected in marital integration than lower-class parents of boys; however, in middle-class families, the marital integration of parents with retarded girls is not markedly different from that of parents with retarded boys.

Hypothesis 3. *There is no statistically significant difference in marital integration between families in which the mother perceives the mentally retarded child as highly dependent and families in which the mother perceives the child as being relatively independent.*

A modified form of the Vineland scale of social maturity was used as an index of the mother's perception of the child's dependence. In families with a retarded child at home, each mother rated the retarded child on whether or not he usually performed or was permitted to perform various tasks. A high score (maximum 58) indicated high independence, a low score indicated high dependence (minimum 0).

The age of the retarded child was taken into account in the analysis. For each age range, the marital integration scores were compared between

families in which the mother's ratings of the retarded child's dependence was high and families in which her ratings were low. The median score for the given age range on the modified Vineland scale was used as a basis for classifying the child as dependent or independent. Scores above the median for the age range were regarded as independent and those below the median as dependent. For children aged 12 to 16, the median score was 41.5. For children in the age range of 7 to 11, the median score was 35. Children aged 6 or under had a median score on the modified Vineland of 21.

A comparison of the scores on the modified Vineland scale for the extreme age groupings (those retarded children aged 6 or under and those aged 12 to 16) showed that the Vineland scores of the older children were significantly higher than those of the young children. The two-tailed Mann-Whitney U test was significant at the .0001 level ( $z = 6.74$ ). The results suggested that the child's age be taken into account in analyzing the data on the child's dependence and marital integration.

Because of the relatively small number of cases in each age range, the sex of the child and the marital prediction scores of the parent could not be taken into account in the analysis.

The findings pertaining to the hypothesis on the relationship between the retarded child's dependence and marital integration appear in Table 5. Two-tailed Mann-Whitney U tests were applied between samples in which the retarded child was regarded as dependent and those in which he was regarded as independent. In none of the three age groupings was the mean marital integration score of parents of a dependent retarded child significantly different from the mean score of parents of an independent retarded

**TABLE 5**  
**MOTHER'S RATING OF RETARDED CHILD'S DEPENDENCE AND MARITAL**  
**INTEGRATION FOR FAMILIES WITH RETARDED CHILD AT**  
**HOME, BY AGE OF RETARDED CHILD**

<i>Age of Retarded Child in the Family*</i>	<i>Median Score for Age Range on Modified Vineland</i>	<b>RETARDED CHILD DEPENDENT†</b>		<b>RETARDED CHILD INDEPENDENT‡</b>	
		<i>No. of Cases</i>	<i>Mean Marital Integration Score§</i>	<i>No. of Cases</i>	<i>Mean Marital Integration Score§</i>
12-16 .....	41.5	20	3.55	20	3.40
7-11 .....	35	43	3.58	40	3.50
6 or under .....	21	25	3.08	27	3.26

\* Years of age on last birthday.

† Mother's rating on modified Vineland scale below the median for the age range.

‡ Mother's rating on modified Vineland scale above the median for the age range.

§ Two-tailed Mann-Whitney U tests between samples in which the retarded child was regarded as dependent and those in which he was regarded as independent were not significant at the .05 level.

child. The data therefore supported the hypothesis that the mother's rating of the degree of retarded child's dependence is not related to the marital integration of parents with a retarded child at home.

#### RESULTS ON ROLE TENSIONS OF SIBLINGS

Hypothesis 4. *In families in which the mother regards her severely retarded child as highly dependent, the child's normal sibling tends to be characterized by higher role tension than the sibling in families in which the mother regards her severely retarded child as relatively independent.*

In the test of the hypothesis, only siblings aged 6 to 15 in families with a mentally retarded child at home were used in the analysis. This was done to exclude those siblings who would have little interaction with the retarded child and who would not be the persons likely to assume an "oldest child" role. According to Bossard and Boll, the "oldest child" role is associated with poor personal adjustment (6).

In addition, in order to insure independence of mother's ratings, only the oldest boy and girl in the family in the 6 to 15 age range were used in the analysis. Ratings for 47 boys and 54 girls were analyzed.

The index of perceived capabilities was the mother's ratings for the retarded child on the modified Vineland Social Maturity Scale (16).

The index of sibling role tension used in the study is the rating by the mother for each normal child on 10 personality traits on which the parents also rated themselves and their spouse.

The relationship existing between the mother's rating of the retarded child's dependence and her perception of the role tension of her normal daughter aged 6 to 15 was tested in three ways: (a) for all families with a normal daughter aged 6 to 15, (b) separately for families with a daughter 6 to 10 and families with a daughter 11 to 15, and (c) for families with a retarded child aged 7 to 16. The results appear in Table 6.

For all families with a normal daughter aged 6 to 15, those mothers who rated the retarded child as highly dependent (34 or lower on the modified Vineland) provided a mean role tension score of 1.43 for their normal daughter (21 families). The mean role tension score of daughters of mothers who rated the retarded child as highly independent (35 or higher on the modified Vineland) was 7.03 (33 families). A high score on the role tension index indicates low role tension. The one-tailed Mann-Whitney U test was significant at the .01 level ( $0 = 2.25$ ).

When the families with a normal daughter 6 to 10 are compared with families with a daughter 11 to 15, the results for the daughter's role tension for the two groups are not significantly different from one another. For families in which the mother rated the retarded child as highly dependent, the mean role tension score for daughters 6 to 10 was 0.54 and for daughters 11 to 15, the mean was 2.88. When the retarded child was rated as highly independent, the mean role tension score for daughters aged 6 to 10 was



TABLE 6  
MOTHER'S RATING OF RETARDED CHILD'S DEPENDENCE AND ROLE  
TENSION OF NORMAL DAUGHTER AGED 6 TO 15 IN  
FAMILIES WITH RETARDED CHILD AT HOME

Sample	MEAN ROLE TENSION		p
	No. of Cases	Score for Normal Daughter	
<i>All families with normal girl 6 to 15</i>			
High dependence (34 or lower on modified Vineland) . . . .	21	1.43	.01*
Low dependence (35 or higher on modified Vineland) . . . .	33	7.03	
<i>Families in which mother rated retarded child high in dependence (34 or lower)</i>			
Normal daughter aged 6 to 10 . . . . .	13	0.54	..
Normal daughter aged 11 to 15 . . . . .	8	2.88	
<i>Families in which mother rated retarded child low in dependence (35 or higher)</i>			
Normal daughter aged 6 to 10 . . . . .	13	6.69	ns†
Normal daughter aged 11 to 15 . . . . .	20	7.25	
<i>Families with retarded child aged 7 to 16</i>			
High dependence (39 or lower on modified Vineland) . . . .	19	3.89	.03*
Low dependence (40 or higher on modified Vineland) . . . .	23	7.91	

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

6.69 and for daughters aged 11 to 15 the mean score was 7.25. On the basis of a two-tailed Mann-Whitney U test, the role tension score was not significantly related to the age of the normal daughter.

When families with a retarded child aged 6 or under were removed from the analysis, the relationship between mother's rating of the retarded child's dependence and her rating of her daughter's role tension was sustained. When only families with a retarded child aged 7 to 16 were analyzed, the median Vineland score was 39. Mothers who rated their retarded child as highly dependent (a score of 39 or less on the modified Vineland) provided a mean tension score of 3.89 for their daughters (19 families); mothers who rated their retarded child as highly independent (40 or over) scored a mean of 7.91 for their daughters (23 families). The one-tailed Mann-Whitney U test was significant at the .03 level ( $z = 1.83$ ).

Mothers' ratings of the dependence of the retarded child were compared in a similar manner with their role tension ratings of normal sons aged 6 to 15. These results are found in Table 7. For all families with a normal son aged 6 to 15, the mean role tension score for sons whose mothers rated

TABLE 7  
MOTHER'S RATING OF RETARDED CHILD'S DEPENDENCE AND ROLE  
TENSION OF NORMAL SON AGED 6 TO 15 IN FAMILIES  
WITH RETARDED CHILD AT HOME

Sample	MEAN ROLE TENSION		p
	No. of Cases	Score for Normal Son	
<i>All families with normal boy 6 to 15</i>			
High dependence (34 or lower on modified Vineland) . . . .	25	4.48	.01*
Low dependence (35 or higher on modified Vineland) . . . .	22	9.23	
<i>Families in which mother rated retarded child high in dependence (34 or lower)</i>			
Normal son aged 6 to 10 . . . . .	15	4.20	ns†
Normal son aged 11 to 15 . . . . .	10	5.20	
<i>Families in which mother rated retarded child low in dependence (35 or higher)</i>			
Normal son aged 6 to 10 . . . . .	11	8.09	ns†
Normal son aged 11 to 15 . . . . .	11	10.36	
<i>Families with retarded child aged 7 to 16</i>			
High dependence (39 or lower on modified Vineland) . . . .	18	6.89	ns*
Low dependence (40 or higher on modified Vineland) . . . .	16	9.44	

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

the retarded child as highly dependent was 4.48 (25 families) and for sons whose mothers regarded the retarded child as independent the mean role tension score was 9.23 (22 families). The one-tailed Mann-Whitney U test was significant at the .01 level ( $2 = 2.28$ ).

The data also indicated that ratings on normal sons' role tension were not related to the age of the normal son. Mothers who rated their retarded child as highly dependent gave a mean role tension score of 4.20 to normal boys aged 6 to 10 (15 families) and a score of 5.20 to normal boys aged 11 to 16 (10 families). Similarly, in families in which the mother rated the retarded child as independent, normal boys aged 6 to 10 received a mean role tension score of 8.09 (11 families) and boys 11 to 15, a mean role tension score of 10.36 (11 families). In neither high nor low dependence groups was the difference in mean role tension significantly related to age of the normal boy.

For families with a severely retarded child aged 7 to 16, the mean role tension for normal sons with a retarded sibling regarded as highly dependent was 6.89 (18 families) and the mean for normal sons with a retarded

TABLE 8  
ROLE TENSION OF SIBLINGS OF SEVERELY RETARDED CHILD  
AND SEX OF THE RETARDED CHILD

Normal Siblings	MEAN ROLE TENSION OF NORMAL SIBLINGS			
	RETARDED GIRLS		RETARDED BOYS	
	No. of Cases	Mean	No. of Cases	Mean
All brothers of retarded child .....	25	5.68	47	5.77
Brothers of retarded child at home .....	16	6.94	31	6.68
Brothers of retarded child in institution .....	9	3.44	16	4.00
All sisters of retarded child .....	32	6.25	49	5.61
Sisters of retarded child at home .....	24	5.21	30	4.57
Sisters of retarded child in institution .....	8	9.38	19	7.26

Siblings viewed by the mother as independent was 9.44 (16 families). The one tailed MannWhitney test was *not* significant at the .05 level.

In general, the results support the hypothesis that a high degree of tension of the normal sibling, as perceived by the mother, is related to the mother's regarding the retarded child as highly dependent. That the results for the normal sons are not as unequivocal as those for the normal daughter probably reflects the greater frequency with which the normal girl is expected to assume the "oldest child" role in relation to the retarded child.

Hypothesis 5. *For normal brothers and sisters, there is no significant difference in role tension scores assigned by the mother between families in which the retarded child is a boy and those families in which the retarded child is a girl.*

The results of the test of this hypothesis are presented in Table 8. Because no significant differences were anticipated for any subsamples, children with institutionalized siblings were included in the analysis. According to Table 8, with one exception, in all comparisons between siblings of retarded boys and those of retarded girls, the means are within one unit of one another. In the case of sisters of a retarded child in an institution, the difference in means is only slightly over one unit. Two-tailed Mann-Whitney U tests were applied. The data support Hypothesis 5, that no significant differences in normal siblings' role tensions are to be found in the comparison of siblings of retarded boys and retarded girls.

#### SUMMARY

In this section, the different implications of "arrest in the family cycle" for parents and for their normal children were explored. The speculation

was as follows: For the parents, arrest in the family cycle describes the process by which the father and mother anticipate and/or experience the halting effect of the retarded child's slow or decelerating development on their own life careers. Since parents are career-oriented, the gap between their desired careers as parents and actual careers (as they perceive them) with respect to the retarded child is roughly proportional to the disruption of marital roles and to progressive disagreement between husband and wife on values.

For the normal children, arrest in the family cycle with respect to the retarded child describes the progressive movement of the normal sibling toward an older child relationship to the retarded child. As an ideal type, the normal sibling tends to assume an "oldest child" role. The "oldest child" role places the normal sibling in a situation of conflicting demands, wishes, and expectations. Since the normal sibling's perspective is role-oriented, his frustration tolerance even on a short-term basis tends to be low. The oldest child role, thus, heightens tension in interaction and, in doing so, inhibits the child's adjustment to his roles.

On the basis of the above speculation, several questions were raised concerning general tendencies among families with a retarded child at home. The questions were:

- a. Does a retarded boy have a greater impact than a retarded girl on the integration of the parents' marriage?
- b. Do sex differences among retarded children affect the parents' marriage in all social classes?
- c. Does the degree of dependence of the retarded child influence adversely the marital integration of his parents?
- d. Does a high degree of dependence of the retarded child affect his brothers and sisters adversely?
- e. Does the sex of the retarded child have any bearing on the adjustment of his brothers and sisters to their family roles?

The results obtained on the sample of 175 families with a severely retarded child at home were generally in accordance with those expected:

- a. The marriages of parents with retarded boys were more often adversely affected than marriages of parents with retarded girls. However, this differential effect was more pronounced in lower social status groups than in higher or middle-class families.
- b. When parents of children of specific age ranges were compared, the degree of dependence of the child was not found to be related to their marital integration. The dependence of the retarded child did have an adverse influence on the adjustment of normal brothers and sisters to their family roles.
- c. The sex of the retarded child was of little importance in determining the degree of adjustment of his normal brothers and sisters to their family roles.

## HOME VERSUS INSTITUTION

The purpose of this section is to present results concerning the conditions under which institutionalization of the retarded child counteracts the disruptive influence of the child on family integration. Placing the retarded child in an institution is regarded here as a strategy to counteract arrest in the family cycle.

Because institutionalization is regarded as a strategy to counteract effects of the retarded child on the family, only those results found to be statistically significant in the section on Families with a Retarded Child at Home were tested. If institutionalization is an adequate strategy for counteracting the disruptive effects of the retarded child, families with a retarded child in an institution, under specified conditions, should be more highly integrated than families with a retarded child at home. Conditions such as age and sex of the retarded and normal children and social status, which may limit the generalization, were examined.

The marital integration of parents of a child in an institution will be compared with that of parents of a retarded child at home. In this comparison, sex and age of the retarded child and middle-class status of the family were taken into account. Sex of the normal sibling, age and sex of the retarded sibling, and social status of the family were considered in the comparison of role tension of normal children, aged 6 to 15, with a retarded sibling at home with role tension of normal children with a sibling in an institution.

### MARITAL INTEGRATION AND INSTITUTIONALIZATION

Hypothesis 6a. *Of parents who have institutionalized a mentally retarded child, parents of boys tend to have marital integration scores not significantly different from those of parents of girls.*

When the mean marital integration scores of the parents of boys and girls in an institution were compared, the differential effects of having a mentally retarded boy as opposed to having a mentally retarded girl tended to disappear. The pertinent results are shown in Table 9. For parents with a high marriage prediction score, the mean marital integration score for 22 couples with an institutionalized boy was 3.81 whereas the mean marital integration score of the nine couples with an institutionalized girl was 3.78. For parents with a low marriage prediction score, the 21 couples with an institutionalized boy had a mean marital integration score of 3.55. The 13 low prediction score couples whose girl was in an institution had a mean integration score of 3.46. Thus, when the mentally retarded child is placed

in an institution, the differential effects on marital integration of having a retarded boy or girl diminishes.

More specific evidence on the effects of institutionalization of the child on the marital relationship was obtained in the tests of Hypotheses 6b and 6c.

6b. *Parents who have institutionalized their severely mentally retarded boy tend to be characterized by higher marital integration scores than parents who have a mentally retarded boy at home.*

6c. *Parents of institutionalized severely mentally retarded girls and parents who have a retarded girl at home tend to have marital integration scores not significantly different from one another.*

For the 102 families in which a severely mentally retarded boy lived at home, the mean marital integration score was 3.13. In the 43 families in

**TABLE 9**  
**MARITAL INTEGRATION OF PARENTS OF MENTALLY RETARDED CHILD IN HOME OR IN INSTITUTION, BY SEX OF CHILD, BY AGE OF BOY, AND FOR MIDDLE-CLASS FAMILIES**

Sample	MEAN MARITAL INTEGRATION OF PARENTS				p
	RETARDED CHILD AT HOME		RETARDED CHILD IN INSTITUTION		
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
All families with retarded boy . . . . .	102	3.13	43	3.67	.03 *
All families with retarded girl . . . . .	73	3.82	22	3.59	ns †
<i>Families with high marital prediction</i>					
Families with retarded boy . . . . .	47	3.38	21	3.81	ns *
Families with retarded girl . . . . .	53	3.89	9	3.78	ns †
<i>Families with low marital prediction</i>					
Families with retarded boy . . . . .	55	2.91	22	3.55	.055*
Families with retarded girl . . . . .	20	3.60	13	3.46	ns †
<i>Families by age of retarded boy</i>					
Families with retarded boy aged					
9 or under . . . . .	77	3.22	21	3.57	ns †
Families with retarded boy aged					
10 or over . . . . .	25	2.84	22	3.73	.01 *
<i>All middle-class families</i>					
Families with high marital prediction score . . . . .	49	3.90	22	4.05	ns *
Families with low marital prediction score . . . . .	45	3.04	25	3.72	.05 *

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

which the retarded boy had been institutionalized, the mean marital integration score was 3.67. On the Mann-Whitney U one-tailed test, the of 1.90 was significant at the .03 level. The results are shown in Table 9. In Table 9, it will be noted that when the marriage prediction score is taken into account, although differences are not statistically significant, the parents with a retarded boy at home still tend to have a lower marital integration score than parents of a boy in an institution. On the Mann-Whitney U one-tailed test, for parents with a low marital prediction score, the of 1.60 would be significant at the .055 level.

For the families with a severely mentally retarded girl, as indicated in Table 9, differences in mean marital integration score between parents with a retarded girl at home and parents with a girl in an institution were slight. For the 73 families with a retarded girl at home, the mean integration score was 3.82; for the 22 families who had institutionalized their daughter, the mean integration score was 3.59. With the two-tailed Mann-Whitney U test, the results were not significant at the .05 level. Similarly, when the parents' marriage prediction score was taken into account, the differences between the home and institution samples were small.

The test of hypotheses relating marital integration to institutionalization of the mentally retarded child, therefore, supports the general proposition that placing a mentally retarded boy in an institution tends to counteract arrest in the family cycle. The degree of arrest depends upon the discrepancy between expectations for a normal child of the retarded child's sex and the very limited achievements actually attained by the retarded child. Removing the child from constant interaction with the family then tends to counteract this truncation of the family cycle. Qualifications relating effects of the retarded child's age and the family's social status to institutionalization and marital integration were examined by Hypotheses 7 and 8.

Hypothesis 7a. *When the retarded boy is young, the marital integration of parents with a retarded son at home is not significantly different from the marital integration of parents with a son in an institution.*

Hypothesis 7b. *When the retarded boy is older, the marital integration of parents with a retarded son at home tends to be lower than the marital integration of parents with a son in an institution.*

The cutting point for separating the young from older boys was between 9 and 10 years of age. This was approximately the middle of the age range as well as the mean age of the retarded children in the families studied. Ninety-eight families had a retarded boy aged 9 or under and 47 families had a retarded boy aged 10 or over. The number of families with a son in an institution was too small to permit a separate analysis by high and low marital prediction scores.

For families with a retarded boy 9 years of age or under, the mean marital integration of parents of a boy at home was 3.22 (77 families); the

mean marital integration of parents with their son in an institution was 3.57 (21 families). The Mann-Whitney U test (two-tailed) was not significant at the .05 level. These results appear in Table 9.

For families with a retarded boy 10 years of age or over, the mean marital integration score of parents whose retarded son was at home was 2.84 (25 families); the mean for parents with a boy in an institution was 3.73 (22 families). A one-tailed Mann-Whitney U test was significant at the .01 level ( $z = 2.36$ ).

The results suggest that as the retarded boy grows older, he tends to exert an increasingly disruptive effect on the relationship between his parents.

Hypothesis 8, *In middle-class families, parents of a retarded child at home tend to have a lower marital integration score than parents with a retarded child in an institution.*

There were 47 middle-class families with a retarded child in an institution and 94 middle-class families with a retarded child at home. As in the section, Families with a Retarded Child at Home, families were regarded as middle-class when the father's occupation fell in the 0, 2, 3, or 4 categories of the U. S. Census classification of occupations.

Middle-class families with a high marital prediction score were analyzed separately from those with a low marital prediction score. There were 71 families with a high prediction score and 70 families with a low prediction score. These findings are also summarized in Table 9.

For middle-class families with a high prediction score, the mean marital integration of parents with a retarded child at home was 3.90 (49 families) and the mean for parents with a child in an institution was 4.05 (22 families). The Mann-Whitney U test (one-tailed) was not significant at the .05 level.

For middle-class families with a low prediction score, the mean marital integration of parents with a retarded child at home was 3.04 (45 families) and the mean integration score for parents with a child in an institution was 3.72 (25 families). The Mann-Whitney U test (one-tailed) was significant at the .05 level ( $z = 1.64$ ).

The results for the low prediction families support the hypothesis that, in families in which the father's occupation has been classified as white-collar, parents of a retarded child at home tend to have a lower marital integration score than parents with a child in an institution. Thus, institutionalization seems especially appropriate in the case of middle-class parents with low marital prediction scores.

#### NORMAL SIBLINGS AND INSTITUTIONALIZATION

AS in the section on families with a retarded child at home, only normal siblings aged 6 to 15 were used in the analysis. When a family had more than one normal girl and boy in that age range, the mother's



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ratings of the role tension of the oldest girl and boy in the 6 to 15 range were used. A description of the index of the normal sibling's role tension appears in the section on Procedure. The index is essentially a series of ratings for the child by his mother on 10 personality traits.

Hypothesis 9. *Normal siblings of a severely retarded child at home are characterized generally by a higher family role tension than the normal siblings in families in which the retarded child has been placed in an institution.*

The results for the mother's personality trait ratings of normal sisters of mentally retarded children were in the anticipated direction. The results are summarized in Table 10. For the 54 girls, aged 6 to 15, who have a retarded sibling at home, the mean personality score was 4.85. The mean personality rating score for the girls with a mentally retarded sibling in an institution was 7.89. A one-tailed Mann-Whitney U test produced a  $z$  of 1.79, which was statistically significant at the .04 level. Hence, the hypothesis that institutionalizing the retarded child is beneficial for the normal siblings was supported in the case of the girls.

The results for the mother's personality trait ratings for the normal brothers of the mentally retarded children, however, were not in accord-

TABLE 10  
ROLE TENSION OF SIBLINGS AGED 6 TO 15, OF SEVERELY RETARDED CHILDREN AT HOME OR IN AN INSTITUTION, BY AGE OF RETARDED CHILD AND SOCIAL STATUS

Sample	M E A N R O L E T E N S I O N									
	N O R M A L B R O T H E R S					N O R M A L S I S T E R S				
	Home		Institution		p	Home		Institution		p
	No. of Cases	Mean	No. of Cases	Mean		No. of Cases	Mean	No. of Cases	Mean	
All cases . . . . .	47	7.02	25	2.92†	ns‡	54	4.85	27	7.89†	.04*
<i>Age of retarded child</i>										
Retarded child 9 or younger	33	6.88	17	2.71	.04*	31	3.45	16	8.44	.02*
Retarded child 10 or older ..	14	7.14	8	5.63	..	23	6.74	11	7.09	ns‡
<i>Social-status‡</i>										
Middle-class ...	25	5.48	20	3.70		26	4.85	16	8.00	
Lower-class ...	22	8.23	5	4.20		27	4.81	11	7.73	

\* One-tailed Mann-Whitney U test.

† On basis of one-tailed Mann-Whitney U tests, significant at .04 level.

‡ Two-tailed Mann-Whitney U test.

§ Comparison between middle- and lower-class for each category of sex of normal child and residence of retarded child not significant (two-tailed Mann-Whitney U test).

ance with the hypothesis. For the 47 brothers with a mentally retarded sibling at home, the mean personality trait rating score by the mother was 7.02. The mean for the 25 brothers with a retarded sibling in an institution was 2.92. A two-tailed Mann-Whitney U test was not significant at the .05 level. The direction of results suggests a reformulation of the hypothesis.

The interpretation placed upon the results of the mother's personality trait ratings for her normal children is that difference in contraction and expansion of family roles exists for the normal girls and boys when the mentally retarded child is placed in an institution. When the mentally retarded child is at home, the mother is preoccupied with the task of attending to the severely retarded child. Since the role of the normal sister ordinarily centers around the home, the mother obtains the girl's assistance in housework or caring for the retarded child. In either case, the normal girl's role in the home is expanded over what it might have been had there been no retarded child. This role expansion would produce more points of possible conflict or anxiety between mother and daughter and reduce the opportunity for the girl to participate in peer-group activities typical of school girls. With the retarded child in an institution, the girl's expected role in the home is contracted and the possibility of her engaging in more social-emotional activities with her peers and parents is increased.

For the school-age brothers of a mentally retarded child, the presence of a retarded child in the home seems to result generally in the normal brothers' keeping out of the way of his preoccupied mother. Since the retarded child is the center of attention in the home, the brother tends to find companionship in the school and neighborhood. His spending time away from home also lessens the possibility of the brother's doing the tedious work of caring for the retarded child. Furthermore, with the attention of the mother directed toward the retarded child, she is possibly more permissive in her relationship to the normal brother. The brother's role in the family is thus likely to be highly contracted.

When the severely retarded child is placed in an institution, he can no longer serve to divert attention from the normal brother nor is the mother inclined to be so permissive. She now expects the normal brother to conform more to family routines. There is also the possibility that placing the retarded child in an institution is the result of a final realization that the retarded child will never become normal. The mother, therefore, may compensate by being less tolerant of the normal brother's failings. Several parents reported that after institutionalization of the retarded child, their young *sons* (but never daughters) became anxious lest they too would be placed in an institution. There is a possibility that this anxiety results partly from an expansion of the normal brother's role in the family after the retarded child is institutionalized. Hence, the expansion of the normal brother's family role would tend to increase points of potential conflict with

his mother, heighten standards of conduct expected by parents, and to reduce his involvement in peer-group relations.

If the above interpretation is accurate, then, *when brothers and sisters of institutionalized children are compared, the role tension of brothers will tend to be higher than that of sisters* (Hypothesis 9a). As shown in Table 10, the mean for normal boys was 2.92 (25 cases) and the mean for normal girls was 7.89 (27 cases). The Mann-Whitney U one-tailed test was significant at the .04 level ( $z = 1.74$ ). Hence, institutionalizing the retarded child had a more beneficial effect on normal sisters than on normal brothers.

The revised interpretation of the change in the role of normal brothers when the retarded child is institutionalized was tested further on the basis of the retarded child's age. Results anticipated for normal sisters were:

Hypothesis 10a. *When the retarded child is young, the role tension of normal sisters is higher when the retarded child is at home than when the retarded child is in an institution.*

Hypothesis 10b. *When the retarded child is older, the difference in role tension of normal sisters with a retarded sibling at home will not be significantly different from the mean role tension of normal sisters with a retarded sibling in an institution.*

Retarded children who were 9 years of age or less were classified as "young" and those who were 10 or over were regarded as "older." Forty-seven normal girls had a retarded sibling 9 years of age or younger, and 34 had a retarded sibling aged 10 or older.

For sisters of a retarded child who is 9 years of age or under, the mean role tension score for the normal girl of a retarded sibling at home was 3.45; the mean for the sister of a sibling in an institution was 8.44. The Mann-Whitney U test (one-tailed) was significant at the .02 level ( $z = 2.03$ ).

For sisters of a retarded child aged 10 or over, the mean role tension score for the normal girl in families in which the retarded child is at home was 6.74 (23 cases), and the mean for the normal girl with a sibling in an institution was 7.09 (11 cases). The Mann-Whitney U test (two-tailed) was not significant at the .05 level.

According to the discussion pertaining to normal siblings, institutionalizing the retarded child affects the family relationships of his normal brother adversely and the presence of a retarded child who is young influences his siblings more than one who is older. Placing the retarded child in an institution when he is very young would have a significant effect on the role tension of his normal brother. The hypothesis tested was:

Hypothesis 10c. *For families with a young retarded child, the role tension of normal brothers will tend to be higher in families with a retarded child in an institution than in families with a retarded child at home.*

Young retarded children included those 9 years of age or less. Of the 50 families with a retarded child aged 9 or younger and a normal son, the

mean role tension score was 6.88 for normal boys with a retarded sibling at home (33 families) and 2.71 for brothers of a child in an institution (17 families). The Mann-Whitney U one-tailed test was significant at the .04 level ( $z = 1.75$ ). There were too few families with a retarded child aged 10 or over for a test of statistical significance.

In general, the data support the hypothesis that family relationships of both normal brothers and sisters are more affected by the presence of the retarded child when the retarded child is younger than when he is older. The results also indicate that institutionalizing a retarded child may produce many family problems for the normal brother while reducing those of the sister.

Hypothesis n. *Whether the retarded child is at home or in an institution, role tension of normal siblings in middle-class families will not be significantly different from the role tension of normal siblings in lower-class families.*

As in tests of other hypotheses concerning social status, a white-collar occupation of the father denoted middle-class status and a non-white collar occupation signified lower-class status.

The results are summarized in Table 10. Data on the normal brothers and sisters were analyzed separately. For the normal brothers, the mean role tension score in lower-class families was slightly higher than that in middle-class families; on the basis of a two-tailed Mann-Whitney U test, however, the difference was not significant. For normal brothers of a child in an institution and for normal sisters of a retarded child either at home or in an institution, the difference in mean role tension scores for middle and lower-class families were within one unit of one another. Thus, no significant differences were found in any analysis of data for the hypothesis relating normal siblings' role tension to social status.

#### SUMMARY

Hypotheses relating to the effects on family integration of institutionalizing the retarded child were tested in this section. Institutionalization was regarded as a strategy to counteract arrest in the family cycle. Questions studied on the efficacy of institutionalization of retarded children were, *other things being equal*:

- a. Does placing a retarded boy in an institution have a beneficial influence on his parents' marriage?
- b. Does keeping a retarded boy at home have a greater effect on his parents' marriage when he is young than when he is older?
- c. In particular, are middle-class parents helped in their relationship by institutionalizing their retarded child?
- d. Are the family relationships of the retarded child's brothers and sisters improved when the retarded child is placed in an institution?

e. Does the younger retarded child affect his normal sister more when he is younger than when he is older?

f. Does the social status of the family play an important part in determining the retarded child's influence upon his normal sisters' adjustment?

The following results were obtained regarding the relationship between marital integration and placing the retarded child in an institution:

a. The adverse effect of having a retarded boy as opposed to having a retarded girl found in families with a retarded child at home was not found among families with a child in an institution. Parents with a boy in an institution generally had a higher degree of marital integration than parents with a retarded boy at home. Furthermore, the marital integration of parents with a retarded girl at home was not markedly different from that of parents with a retarded girl in an institution.

b. There was little difference in marital integration between parents with a young boy at home and parents with a young boy in an institution. The degree of marital integration of parents with an older boy at home, however, was lower than that of parents with an older boy in an institution.

c. Regardless of the sex of the retarded child, the marriages of middle-class parents of retarded children at home were more severely affected than those of similar parents with children in an institution.

In the analysis of data on normal siblings, the results showed that normal girls with a retarded sibling in an institution were characterized by lower role tension in the family than those with a retarded sibling at home. Normal brothers of retarded children, however, were affected adversely by institutionalizing the retarded sibling. Taking into consideration the different family roles for normal boys and girls produced a revision of expected results. The basis for revising hypotheses was that boys and girls had different responsibilities toward a retarded child at home. Taking the retarded child out of the home would then have a different effect on their adjustment to his institutionalization. With the retarded child at home, girls would be expected to help care for the retarded child. Normal brothers, however, would be expected to give the mother as little trouble as possible when the retarded child was at home. With the retarded child in an institution, the normal girl would be relieved of her surrogate responsibilities, but the normal boy would face many demands which he had escaped earlier.

The results on effects of a retarded child on his normal brothers were consistent with the revised expectations.

a. Brothers of young retarded children at home were characterized by less family role tension than brothers of a child in an institution.

b. The role tension of brothers of institutionalized children was generally higher than that of sisters.

c. Social status of the family played little part in the normal brother's reaction to his retarded sibling.

The results pertaining to the normal sisters of retarded children differed somewhat from those of the normal brothers.

a. The normal sisters were more affected by the presence of a retarded child in the home when the retarded child was young than when he was older.

b. It made little difference in the adjustment of the normal girl when the retarded child was older whether he was at home or in an institution.

c. As in the case of normal brothers, however, social status of the family played little part in determining the retarded child's effect upon the normal sister.

## COMMUNITY RELATIONS AND MARITAL INTEGRATION

In this section^ results on the relationship between the community relations of the parents of severely retarded children and marital integration will be discussed. By community relations is meant interaction by the parents with anyone outside their own nuclear family (i.e., husband, wife, and children).

The approach taken to the problem of community relations is that when people outside the family offer emotional support and praise to parents *as parents of a retarded child*, marital integration will tend to be high; when emotional support is not given, the parents will have doubts about their conduct and marital integration will tend to be low.

As discussed in the section on Hypotheses, religion and the church, as well as the child's maternal grandmother, are regarded as providing support through both the values they embody and the praise and sympathy offered to the parents. In the tests of hypotheses, involvement of the parents in religious institutions was indicated qualitatively through a comparison of the marital integration between Catholics and non-Catholics and quantitatively through relating marital integration to frequency of church attendance.

Community relationships assumed to be nonsupportive include activity in organizations (outside both the church and associations for promoting the welfare of the mentally retarded), number of friends seen regularly, and the degree of neighborliness.

### MARITAL INTEGRATION AND RELIGIOUS PARTICIPATION

Hypothesis 12a. *The marital integration of non-Catholics tends to be lower in families in which the severely mentally retarded son is at home than in families from which he has been placed in an institution.*

Hypothesis 12b. *In contrast, there will be no significant difference in mean marital integration of Catholic parents whether their retarded son is at home or in an institution.*

There were 97 non-Catholic and 44 Catholic husbands in families with a mentally retarded boy in the study. One husband refused to state his religious affiliation. In 3 other cases, the husband was not interviewed. The results appear in Table 11.

For the 65 non-Catholic families with a retarded boy at home, the mean marital integration score was 3.08; the mean integration for the 32 non-Catholic families with an institutionalized son was 3.75. With the one-tailed Mann-Whitney U test, the  $z$  of 2.06 was significant at the .02 level.

TABLE II  
MARITAL INTEGRATION AND CATHOLICISM OF HUSBAND  
IN SAMPLES WITH A RETARDED BOY AT HOME OR IN  
AN INSTITUTION, BY MARITAL PREDICTION SCORES

Sample	MEAN MARITAL INTEGRATION SCORE				
	FAMILIES WITH RETARDED BOY AT HOME		FAMILIES WITH RETARDED BOY IN INSTITUTION		p
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
All Catholics .....	34	3.35	10	3.30	ns †
All Non-Catholics .....	65	3.08	32	3.75	.02 *
<i>High marital prediction</i>					
Catholics .....	21	3.67	6	3.67	..
Non-Catholics .....	25	3.24‡	14	3.79‡	ns *
<i>Low marital prediction</i>					
Catholics .....	13	2.85	4	2.75	..
Non-Catholics .....	40	2.98‡	18	3.72‡	.05 *

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

‡‡ Difference between high and low marital prediction groups not significant at .05 level with two-tailed Mann-Whitney U test.

In contrast, for Catholic families, the mean marital integration for the 34 couples with a child at home was 3.35 as compared with a mean integration of 3.30 for the 10 families with a son in an institution. The difference in marital integration for the Catholic families was not significant at the .05 level.

When the marital prediction scores were taken into account, the data on non-Catholics were consistent with the results for all cases in both the high and low marital prediction categories. For high marital prediction non-Catholic couples, the mean marital integration score of families with a retarded boy at home was 3.24 (25 families) and the mean integration score of families with a boy in an institution was 3.79 (14 families). For low marital prediction non-Catholic families, the parents who had a boy at home had a mean marital prediction score of 2.98 (40 families) and the parents whose retarded boy was in an institution had a mean integration score of 3.72 (18 families). Although the differences in mean marital integration between non-Catholic families with a boy at home and those with a boy in an institution were in the predicted direction for both high and low prediction groups, only the results in the low prediction families were statistically significant. For the low prediction score parents, the one-tailed Mann-Whitney U test was significant at the .05 level ( $z = 1.62$ ).



The number of Catholic parents with a son in an institution was too small to permit making a statistical inference by marital prediction categories. Where differences in marital integration occurred, however, they were minute.

The results on the relationship between marital integration and husband's religion thus support the hypothesis that Catholics in crisis receive a greater degree of emotional support than non-Catholics and were less affected than others by the presence of the retarded boy.

When the wife's report of her religion is used as a basis for classification, the results are similar to those obtained with the husband's religious preference. Fifty-two wives regarded themselves as Catholics and 92 as non-Catholics. One wife did not report her religious affiliation. The findings are shown in Table 12.

**TABLE 12**  
**MARITAL INTEGRATION AND CATHOLICISM OF WIFE**  
**IN SAMPLES WITH A RETARDED BOY AT HOME OR IN**  
**AN INSTITUTION, BY MARITAL PREDICTION SCORES**

Sample	MEAN MARITAL INTEGRATION SCORE				p
	FAMILIES WITH RETARDED BOY AT HOME		FAMILIES WITH RETARDED BOY IN INSTITUTION		
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
All Catholics	39	3.15	13	3.46	ns †
All Non-Catholics	62	2.94	30	3.77	.01 *
<i>High marital prediction‡</i>					
Catholics	22	3.50	7	3.86	..
Non-Catholics	24	3.25	14	3.79	ns *
<i>Low marital prediction‡</i>					
Catholics	17	3.29	6	3.00	..
Non-Catholics	38	2.74	16	3.75	.03 *

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

‡ Difference between high and low marital prediction groups not significant at .05 level with two-tailed Mann-Whitney U test.

When the families were classified by the religion of the wife, for non-Catholics, the parents with a boy at home had a mean marital integration of 2.94 (62 families) and parents with a boy in an institution had a mean marital integration of 3.77 (30 families). The one-tailed Mann-Whitney U test was significant at the .01 level ( $z = 2.30$ ). On the other hand, the mean marital integration for Catholic parents with a boy at home was 3.15 (39 families) and the mean integration for Catholic parents with a boy

in an institution was 3.46 (13 families). For Catholic parents the two-tailed Mann-Whitney U test was not significant at the .05 level.

Taking into account the marital prediction score of the parents also produced results comparable to those obtained on the basis of the husband's religion. Non-Catholics with a high marital prediction score had a mean integration score of 3.25 in families in which the retarded boy was at home (24 families) and 3.79 in families with a retarded son in an institution (14 families). Non-Catholics with a low marital prediction score had a mean marital integration score of 2.74 in families with a retarded boy at home (38 families) and 3.75 in families with a boy in an institution (16 families). On the basis of a one-tailed Mann-Whitney U test, the results for the low prediction score parents were significant at the .03 level ( $z = 1.94$ ). The marital integration scores for high and low marital prediction score parents were not significantly different from one another (Mann-Whitney U two-tailed test).

Inasmuch as the number of Catholics with a retarded son in an institution was small, tests of statistical significance were not computed for Catholic families when marital prediction scores were taken into account.

Hence, regardless of whether the husband's or wife's religion is used as a basis, non-Catholic couples, rather than Catholic couples, seemed to

**TABLE 13**  
**MARITAL INTEGRATION AND CHURCH ATTENDANCE OF HUSBANDS AND WIVES WITH RETARDED CHILD AT HOME, BY MARITAL PREDICTION SCORES**

<i>Classification of Results by Individual's Church Attendance</i>	NUMBER OF TIMES PER MONTH ATTENDS CHURCH					
	LESS THAN ONCE PER MONTH		ONE TO THREE TIMES PER MONTH		FOUR OR MORE TIMES PER MONTH	
	<i>No. of Cases</i>	<i>Mean Marital Integration</i>	<i>No. of Cases</i>	<i>Mean Marital Integration</i>	<i>No. of Cases</i>	<i>Mean Marital Integration</i>
<i>Church attendance of husband</i>						
Low marital prediction	37	2.95* ‡	16	3.13§	19	3.58*
High marital prediction	34	3.97† ‡	19	4.00§	44	3.55†
<i>Church attendance of wife</i>						
Low marital prediction	31	2.68¶	13	3.54	31	3.32¶
High marital prediction	27	3.63	14	3.57	58	3.66

\* Not significant.

† Not significant.

‡  $p = .04$ ;  $z = 2.00$ ; two-tailed Mann-Whitney U test.

§ Not significant.

¶ Not significant.

||  $p = .02$ ;  $z = 2.28$ ; two-tailed Mann-Whitney U test.

be benefited when the retarded boy is institutionalized and non-Catholics seemed more affected than Catholics in a crisis situation.

Hypothesis 13. *Of families with a retarded child at home, parents who attend church services frequently tend to have a higher marital integration than those who do not attend church.*

The results on the relationship between frequency of church attendance and marital integration are shown in Table 13. According to Table 13, there is no statistically significant relationship between church attendance and marital integration of parents with retarded children living at home. Inasmuch as a separate analysis of data on parents of boys and girls would have resulted in very small cell frequencies, all families were treated together. The only significant differences found in the table are between parents with high marital prediction scores and those with low marital prediction scores who do not attend church regularly. The hypothesis that those who attend church services often are less affected by the presence of a retarded child than those who do not was not confirmed.

#### MARITAL INTEGRATION AND RELATIONS WITH EXTENDED FAMILY

Hypothesis 14. *In families with a retarded child at home in which the wife reports that she sees her mother frequently, the marital integration tends to be higher than in families in which the wife's mother is seen infrequently.*

In the written section of the interview, the parents were asked to "Check below how often you see your own parents and brothers and sisters." The response categories were: I have seen this relative in the past year: every day, at least once a week, at least once a month, at least once during the year, not at all, and relative not living.

In the analysis of the data, frequently was regarded as every day or at least once a week. Families in which the wife's mother was reported as not living were excluded from the analysis. Data on parents of retarded boys were analyzed separately from data on retarded girls.

The results on contact with the wife's mother and marital integration are shown in Table 14. Of the 76 families with a retarded boy living at home, the wife's mother was seen frequently in 45 and infrequently in 31. The mean marital integration in the families in which the wife's mother was seen frequently was 3.53; the mean in families in which she was infrequently seen was 2.32. A one-tailed Mann-Whitney U test of the difference in distributions was significant at the .001 level ( $z = 3.08$ ).

The data on effects of seeing the wife's mother for parents with a high marital prediction score were analyzed separately from those for parents with a low prediction score. For the high marital prediction score parents, the mean marital integration of those in which the wife's mother was seen at least once a week was 3.95 and the mean of those in which the wife's

TABLE 14  
MARITAL INTEGRATION AND FREQUENCY OF SEEING WIFE'S MOTHER  
(AS REPORTED BY WIFE) BY MARITAL PREDICTION SCORES  
AND SEX OF RETARDED CHILD  
(families with retarded child at home)

Sample	MEAN MARITAL INTEGRATION SCORE				
	WIFE'S MOTHER SEEN AT LEAST ONCE PER WEEK		WIFE'S MOTHER SEEN LESS THAN ONCE PER WEEK		p
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
<i>Families with retarded boys</i> .....	45	3.53	31	2.32	.001*
High marital prediction .....	20	3.95	15	2.33	.003*
Low marital prediction .....	25	3.20	16	2.31	.05 *
<i>Families with retarded girls</i> † .....	22	3.09	27	3.88	ns †
High marital prediction .....	16	3.25	20	3.80	ns †

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

‡ Number of families with low prediction scores was too small for separate computation.

mother was seen less frequently was 2.33. A one-tailed Mann-Whitney U test ( $z = 2.77$ ) indicated that the results were significant at the .003 level.

For low marital prediction parents of retarded boys, the results were also statistically significant in the predicted direction. When the wife's mother was seen frequently, the mean marital integration was 3.20; when she was seen infrequently, the mean marital integration score was 2.31 ( $z = 1.61$ ;  $p = .05$ ).

The results were not statistically significant for parents of retarded girls.

The test of the hypothesis on emotional support by the wife's mother seemed to require a further refinement. If the beneficial effect of seeing the wife's mother frequently rested primarily upon the grandmother's assisting with the retarded child, then this help should be reflected in the marital relationship. That is, the effects on marital integration in families in which the retarded boy is regarded by his mother as highly dependent should be greater than in families in which the mother sees the retarded child as relatively independent. If emotional support is the more important, however, the relationship between degree of dependence and marital integration should not be statistically significant. The results appear in Table 15. Children with scores of 35 or over on the mother's rating of the modified Vineland scale were classified as independent; those with scores 34 or lower were regarded as dependent. The age of the child was not taken into account. When the wife's mother was seen frequently, the mean marital integration scores for the high and low dependence cases were

TABLE 15  
MARITAL INTEGRATION AND FREQUENCY OF SEEING WIFE'S MOTHER  
(AS REPORTED BY WIFE), BY DEPENDENCE OF RETARDED CHILD  
(families with retarded child at home)

Sample	MEAN MARITAL INTEGRATION SCORE				p
	WIFE'S MOTHER SEEN AT LEAST ONCE PER WEEK		WIFE'S MOTHER SEEN LESS THAN ONCE PER WEEK		
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
<i>Families with retarded boy</i>					
High dependence .....	30	3.57	22	2.23	.003*
High marital prediction .....	11	4.18‡	10	2.10	.01 *
Low marital prediction .....	19	3.21‡	12	2.33	ns *
Low dependence .....	16	3.56	9	2.56	..
<i>Families with retarded girl</i>					
High dependence .....	11	2.91	13	4.08‡	ns †
Low dependence .....	11	3.27	13	3.69‡	ns †

\* One-tailed Mann-Whitney U test.

† Two-tailed Mann-Whitney U test.

‡ § Not significant, two-tailed Mann-Whitney U test.

about the same (3.57 for high dependence cases and 3.56 for low dependence cases). When the mother was seen infrequently, the results also sustained the emotional support hypothesis (mean marital integration 2.23 for high dependence cases and 2.56 for low dependence cases).

A further analysis of high dependence cases by marital prediction scores revealed that the results for both high and low prediction score couples who are parents of retarded boys were in the anticipated direction. The findings for the high prediction score couples were significant at the .01 level, with a mean marital integration score of 4.18 for wives who saw their mother frequently and a mean of 2.10 for those who saw their mother infrequently (one-tailed Mann-Whitney U test;  $U = 17$ ).

However, even when dependence of the retarded child was taken into account, there were no significant differences in marital integration for parents of retarded girls on the basis of the frequency with which the wife's mother was seen.

Hypothesis 15. *In families with a retarded child at home in which the husband reports that he sees his mother frequently, the marital integration will tend to be lower than in those families in which the husband's mother is seen infrequently.*

As in the test of Hypothesis 14, the basis for the analysis of data on effects of interacting with the husband's mother on marital integration is

the response to the question on frequency with which the parent is seen. "Frequently" was interpreted as daily or at least once a week. Families in which the husband reported that his mother was not living were excluded from the analysis.

The relationship between frequency with which the husband's mother is seen and marital integration is indicated in Table 16. The differences in marital integration between husbands who saw their mother at least once a week and those who saw her less frequently were statistically significant in the direction anticipated for families with a retarded child at home. Of families with retarded boys, the mean marital integration for couples who saw the husband's mother frequently was 2.70 and for those who saw her less often, the mean was 3.56 ( $z = 2.20$ ;  $p = .014$ ). Parents of a retarded boy with high marital prediction scores who saw the husband's mother frequently had a mean marital integration of 2.94 while those who saw her infrequently had a mean marital integration of 3.82 ( $U = 100.5$ ;  $z = -0.5$ ). Of those couples with a low marital prediction score, those parents who saw the husband's mother frequently had a mean marital integration score of 2.40; the parents who saw her infrequently had a mean marital integration of 3.36 ( $z = 1.60$ ;  $p = .055$ ).

The results for parents of a retarded girl at home are similar to those of parents with a retarded boy. When the husband's mother was seen at least once per week, the mean marital integration score was 3.39 and when she was seen less frequently, the mean was 4.14 ( $z = 1.74$ ;  $p = .04$ ).

**TABLE 16**  
**MARITAL INTEGRATION AND FREQUENCY OF SEEING HUSBAND'S MOTHER**  
**(AS REPORTED BY HUSBAND), BY MARITAL PREDICTION**  
**SCORES AND SEX OF RETARDED CHILD**  
(families with retarded child at home)

Sample	MEAN MARITAL INTEGRATION SCORE					
	HUSBAND'S MOTHER SEEN AT LEAST ONCE PER WEEK			HUSBAND'S MOTHER SEEN LESS THAN ONCE PER WEEK		
	No. of Cases	Mean Marital Integration		No. of Cases	Mean Marital Integration	p*
<i>Families with retarded boys</i> .....	33	2.70		39	3.56	.01
High marital prediction .....	18	2.94		17	3.82	.05
Low marital prediction .....	15	2.40		22	3.36	.005
<i>Families with retarded girls†</i> .....	18	3.39		22	4.14	.04
High marital prediction .....	16	3.50		15	4.07	ns

\* One-tailed Mann-Whitney U test.

† Number of families with low prediction scores was too small for separate computations by high and low prediction scores.

The results on the relationship between parents and grandmothers of retarded children, thus, generally confirm the hypotheses tested. These findings are consistent with those of studies of the adjustment of married offspring to their parents (63). Generally, in families not in crisis, although the wife is able to maintain a close relationship with her own mother, frequent interaction with her mother-in-law generates hostility. For the family in crisis, however, the presence of the mother-in-law poses an even greater threat to the wife. In the responses to the open-ended questions in the interview, many of the parents pointed out that the husband's mother, instead of sympathizing with her daughter-in-law, attributed the child's handicap to her negligence or possible misdeeds. The mother-in-law often pointed out that the marriage was not serving the best interest of her son. In this conflict between wife and mother-in-law, if the husband chose to take sides with his wife, he probably saw his mother fairly infrequently. On the other hand, with conflict between wife and mother-in-law, if the husband continued seeing his mother frequently, chances were high of his siding with his mother. Likely, low marital integration not only results from a high interaction between the husband and his mother but also constitutes a factor in his continuing to see her frequently.

#### GENERAL COMMUNITY PARTICIPATION

General community participation is regarded as nonsupportive to the parents of severely retarded children. However, there is no reason to expect that parents of retarded boys would be received more harshly by others in the community than parents of girls. Thus, in the test of hypotheses on general community participation, no distinction was made between parents of boys and those of girls. A preliminary comparison of community participation between families in which the retarded child was a boy and those in which the retarded child was a girl showed no consistent differences on the basis of the retarded child's sex.

Hypothesis 16a. *Fathers and mothers of a retarded child at home who are high in neighborliness tend to have lower marital integration than similar parents who are low in neighborliness.*

The test of the hypothesis concerning the relationship between neighborliness and marital integration was based upon the neighborliness scale developed by P. Wallin (74). The maximum possible score was 13 and the minimum 0. The participants had lived in their present address a median of 5.6 years. The results on the relationship between neighborliness and marital integration appear in Table 17. For couples with high marital prediction scores, it made little difference in marital integration whether either the husband or wife was high in neighborliness. For low prediction score cases, however, wives who had a high neighborliness score (11 or over) tended to have a lower marital integration (mean marital integration = 2.75) than wives who had a low neighborliness score (mean marital inte-

gration = 3.49). On the basis of a one-tailed Mann-Whitney U test, the difference was significant at the .04 level ( $z = 1.81$ ).

The significance of the difference in marital integration between high prediction score and low prediction score wives with high neighborliness (two-tailed Mann-Whitney U;  $U = 2.84$ ;  $p > .005$ ) indicates that the results cannot be generalized for all wives.

There were no significant differences in marital integration on the basis of the degree of the husband's neighborliness.

The scale on neighborliness used in the investigation did not take into account the attitude of neighbors toward mental retardation. Very likely, many of the neighbors were highly sympathetic to the parents while others were hostile (cf. 38). Perhaps, if the neighborliness scale had been modified to take into account attitudes toward mental retardation, a more adequate test could have been made of the hypothesis that a high amount of interaction with nonsupportive groups is associated with low marital integration. Support of the hypothesis in the case of women in couples with low marital prediction scores provides some evidence of the appropriateness of the anticipated results. Presumably, low prediction couples are more vulnerable to crisis than are high marital prediction couples. Interaction with outsiders who were nonsupportive would thus have a pronounced effect on the marital integration of low prediction couples.

Hypothesis 16b. *Fathers and mothers of a retarded child at home who see many friends frequently tend to have lower marital integration than parents who see few or no friends frequently.*

**TABLE 17**  
**MARITAL INTEGRATION AND NEIGHBORLINESS SCORE OF HUSBAND AND WIFE, BY MARITAL PREDICTION SCORES**  
(families with retarded child at home)

Classification of Results by Individual's Neighborliness	NEIGHBORLINESS SCORE				
	10 OR LOWER		11 OR HIGHER		p*
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
<i>Wife's neighborliness</i>					
All cases .....	76	3.54	99	3.31	ns
High marital prediction .....	41	3.59	59	3.69†	ns
Low marital prediction .....	35	3.49	40	2.75†	.04
<i>Husband's neighborliness</i>					
All cases .....	76	3.59	95	3.43	ns
High marital prediction .....	41	3.71	58	3.60	ns
Low marital prediction .....	35	3.46	37	3.16	ns

\* One-tailed Mann-Whitney U test.

†  $p = .005$ ;  $z = 2.84$ ; two-tailed Mann-Whitney U test.



The data on frequency of interaction with friends are based on the responses to the following questions in the written section of the interview:

1. Please list below the first name or initials of people you consider as close friends. You can put down as many or as few names as you wish. Do not include your own parents or brothers and sisters but list cousins and other relatives who are close friends.

2. In the second column, write in the number of years you have known them.

3. In the third column, check how often you have seen each close friend in the past year. (The alternatives were at least once a week, at least once a month, at least once during the year, and not at all.)

In the analysis of the data, four or more friends were regarded as many friends and three or less as few or no friends. Frequently is interpreted as seeing the friend at least once a month in the past year.

The results on seeing friends are presented in Table 18. Only the difference in number of friends for women with low marital prediction scores was significant. The 30 women who had four or more friends whom they saw frequently had a mean marital integration of 2.67, whereas the women with three or fewer friends had a mean marital integration of 3.38. The one-tailed Mann-Whitney U test was significant at the .03 level ( $U = 1.69$ ). The findings, however, cannot be generalized to all women. A two-tailed Mann-Whitney U test indicated a significant difference in

**TABLE 18**  
**MARITAL INTEGRATION AND NUMBER OF FRIENDS SEEN BY HUSBAND**  
**AND WIFE, BY MARITAL PREDICTION SCORES**  
(families with retarded child at home)

	NUMBER OF FRIENDS SEEN AT LEAST ONCE A MONTH				
	THREE OR FEWER		FOUR OR MORE		
<i>Classification of Results by Individual's Activity</i>	<i>No. of Cases</i>	<i>Mean Marital Integration</i>	<i>No. of Cases</i>	<i>Mean Marital Integration</i>	<i>p</i> <sup>*</sup>
<i>Results for wife</i>					
All cases . . . . .	103	3.53	71	3.24	<i>ns</i>
High marital prediction . . . . .	58	3.66 <sup>†</sup>	41	3.66 <sup>‡</sup>	<i>ns</i>
Low marital prediction . . . . .	45	3.38 <sup>‡</sup>	30	2.67 <sup>§</sup>	.03
<i>Results for husband</i>					
All cases . . . . .	97	3.53	71	3.39	<i>ns</i>
High marital prediction . . . . .	56	3.64 <sup>¶</sup>	41	3.73 <sup>†</sup>	<i>ns</i>
Low marital prediction . . . . .	41	3.37 <sup>¶</sup>	30	2.93 <sup>†</sup>	<i>ns</i>

\* One-tailed Mann-Whitney U test.

† Not significant.

‡ Not significant.

§  $p = .03$ ;  $z = 2.20$ ; two-tailed Mann-Whitney U test.

¶ Not significant.

marital integration between high and low prediction score women who say they have many friends. The 41 high prediction score women with many friends had a mean marital integration of 3.66 ( $z = 2.20$ ;  $p = .03$ ).

No significant differences in marital integration were found on the basis of the number of friends seen frequently by the husband.

Failure to confirm the hypothesis on the relationship of the number of friends seen frequently and marital integration likely results from the omission from the interview of questions on attitudes of friends toward mental retardation. Including a question on attitudes toward mental retardation would have provided a more adequate test of the hypothesis on the nonsupportive interaction with friends and marital integration. The results for wives in couples with low marital prediction scores suggest that failure to verify the hypothesis completely rests upon the inadequacy of the research instrument rather than upon the inappropriateness of the hypothesis.

Hypothesis 16c. *Fathers and mothers of a retarded child at home who are active in formal organizations (not pertaining to religion or mental retardation) tend to have lower marital integration than parents who are not active in formal organizations.*

The data were based on responses to the questions in the oral section of the interview: How many organizations do you belong to? What are their names? How often are their meetings? How often do you attend their meetings? What offices have you held?

Interviewers were instructed to include social and athletic clubs, labor unions, fraternal organizations, veterans groups or auxiliaries as well as religious organizations. If the interviewer was in doubt as to whether to list an organization, he was instructed to include the organization. The decision to use the organizations listed for each respondent in the analysis of data was made at the time of coding the interview.

If the parent attended at least half of the meetings of a formal association which met at least eight times during the year (exclusive of the summer) or held an elective office in a formal association, he was regarded as an active member.

The findings on the relationship between marital integration and participation in formal organizations by parents of mentally retarded children living at home are in Table 19. None of the differences in marital integration for wives who are high or low participants in formal organizations is statistically significant. For husbands, however, the differences for all men and for low prediction men alone are statistically significant. For all men with a retarded child at home, the mean marital integration for the 81 who are not at all active in formal organizations is 3.68; the mean integration for the 88 men who are active in one or more formal organizations is 3.25. The one-tailed Mann-Whitney U test was significant at the .03 level ( $z = 1.89$ ). The 41 men with a low marital prediction score who were not at all active in formal organizations had a mean marital integration

TABLE 19

MARITAL INTEGRATION AND NUMBER OF ORGANIZATIONS IN WHICH  
HUSBAND AND WIFE ARE ACTIVE, BY MARITAL PREDICTION SCORES  
(families with retarded child at home)

NUMBER OF ORGANIZATIONS IN WHICH PERSON IS ACTIVE					
Classification of Results by Individual's Activity	NONE		ONE OR MORE ORGANIZATIONS		<i>p</i> *
	No. of Cases	Mean Marital Integration	No. of Cases	Mean Marital Integration	
<i>Wife's activity in organizations</i>					
All cases .....	101	3.42	74	3.41	<i>ns</i>
High marital prediction .....	58	3.60 <sup>‡</sup>	42	3.71 <sup>†</sup>	<i>ns</i>
Low marital prediction .....	43	3.16 <sup>‡</sup>	32	3.00 <sup>†</sup>	<i>ns</i>
<i>Husband's activity in organizations</i>					
All cases .....	81	3.68	88	3.25	.03
High marital prediction .....	40	3.90 <sup>‡</sup>	57	3.53 <sup>†</sup>	<i>ns</i>
Low marital prediction .....	41	3.46 <sup>‡</sup>	31	2.74 <sup>†</sup>	.04

\* One-tailed Mann-Whitney U test.

†  $p = .03$ ;  $z = 2.13$ ; two-tailed Mann-Whitney U test.

‡ Not significant.

§ Not significant.

¶ Not significant.

score of 3.46; the 31 men with a low marital prediction score who were active in one or more organizations had a mean marital integration of 2.74. According to a one-tailed Mann-Whitney U test, the difference was significant at the .04 level ( $z = 1.78$ ).

For the men who were active in one or more organizations, the difference in marital integration between low prediction score couples and high prediction score couples was significant (two-tailed Mann-Whitney U test;  $z = 2.13$ ;  $p = .03$ ). The difference in marital integration between inactive and active men, however, was in the anticipated direction for both high and low prediction score men. For the high marriage prediction score men, the difference in marital integration between those who are active in organizations and those who are inactive would have been significant at the .07 level (one-tailed Mann-Whitney U test;  $z = 1.51$ ).

In the results on participation in organizations, a high degree of activity in formal organizations was found to be associated with low marital integration for husbands but not for wives. The difference in findings for the men and the women likely reflects the relative freedom of men in an urban community to participate in extrafamily activities. The association between high organizational activity and low marital integration found for men seems (a) to reflect an existing low marital integration in the home and (b) to inhibit further integration of the husband and wife. The husband

may join organizations to get out of the home with its tensions. In doing so, he would leave the wife to cope with the many problems which arise and she would become more maladjusted and hostile toward him. His being away thus would lead to further role tension in the marriage.

#### SUMMARY

The relationships between community participation and marital integration of parents with a retarded child at home were explored to determine whether *on the average* the data provided answers to several questions. The questions posed were:

- a. Is the marriage relationship of non-Catholic parents more affected by the presence of a retarded boy at home than that of Catholic parents?
- b. Is the marriage relationship of parents who frequently attend church services less affected by the presence of the retarded child than that of parents who do not attend church?
- c. Does frequent contact with in-laws have a harmful effect on the marriage relationship of parents with a retarded child in the home?
- d. Is a high degree of neighborliness of parents with a retarded child at home related to low marital integration?
- e. Do parents of a severely retarded child at home who frequently see many friends have lower marital integration than parents who see few or no friends?
- f. Do parents with a retarded child at home who participate often in formal organizations have low marital integration?

In the results anticipated, religious association and extended-family relations, especially those with the wife's mother, were regarded as supportive to the parents with a retarded child at home. It was therefore expected that high participation in religious association and with the wife's mother would be related to high marital integration. On the other hand, interaction with the wife's mother-in-law, neighboring, participation with friends, and activity in formal organizations were considered as nonsupportive interaction. It was anticipated that frequent interaction with the wife's mother-in-law or high participation in neighboring, friendship groups, and in formal organizations would not be conducive to high marital integration. Generally, the results on community relations and marital integration support the hypotheses on the influences of supportive and nonsupportive groups on the marriage. The findings were:

- a. Among non-Catholics, those parents with a retarded son at home were more affected in their marriage relationship than those with a retarded son in an institution. This difference was not found among Catholic parents.
- b. There was no marked difference in the marital integration of those parents who attended church services frequently and those who did not. Unfortunately, the number of cases was too small to permit a separate

analysis for Catholic and non-Catholic parents. An analysis by religious groupings might have given more meaningful results.

c. Frequent interaction by the wife with her mother was found to be conducive to high marital integration. In order to investigate the possibility that this result was obtained because the wife's mother came in the role of a helper instead of a provider of emotional support, another analysis was made. The families in which the wife regarded the child as highly dependent were analyzed separately from those in which she felt the child was relatively independent. If the beneficial effects of seeing the wife's mother were found in the dependent group but not in the independent group, the conclusion would be that the wife's mother's effect on the marriage came from her role as a helper. However, the findings were that whether the mother regarded her retarded *son* as dependent or independent, seeing the wife's mother was associated with high marital integration. While not statistically significant, the results for parents with a retarded girl suggest that factors which influence their marital integration are different from those operating in families with a retarded boy.

d. As anticipated, high participation with the wife's mother-in-law was found to have a disturbing influence upon the marriage relationship. Case study material indicated that the husband's mother provided little emotional support in handling the retarded child and in many cases high interaction between the husband and his mother reflected the husband's personal loyalties in family conflicts.

e. Wives in couples with relatively poor chances for marital success were more harmed in their marital relationship than other women by a high degree of neighborliness. These women were probably more vulnerable to effects of nonsupportive interaction than were other women.

f. Women in couples with relatively low chances for marital success who saw many friends frequently were affected adversely in their marital relationship more than similar women who saw fewer or no friends frequently.

g. Men who were active in formal organizations were found to be in marriages with lower integration than those of men who were generally inactive. This result probably occurred for men but not for women because of the greater freedom of men than women for making social contacts. This finding likely reflects the fact that participation in formal organizations may provide an escape from family problems and responsibilities. Continued high participation in formal organizations would accentuate problems in the marital relationships.

The purpose of this study was to investigate how various conditions concerning the severely retarded child and his family influence the effects of the retarded child on family integration.

#### SAMPLE

Generally, the families in the sample under investigation were similar in social status to all the families in the Chicago area who were in contact with associations for promoting the welfare of the mentally retarded.

On the basis of a study of factors in the sample selection and of family characteristics pertinent to the present investigation, 240 cases with the following characteristics were included in the study: (a) both parents Caucasian; (b) child regarded as severely mentally deficient by one or both parents; (c) mentally deficient child aged 16 or under; (d) only one child in the family regarded by the parents as severely mentally deficient; (e) mentally deficient child born in the present marriage; (f) parents married and living together at the time the study was made.

#### PROCEDURE

In the early phases of the study, preliminary interviews were conducted with parents of severely retarded children in numerous communities in central Illinois. Eighty-eight families participated in the study during the first year.

After a preliminary analysis of data from central Illinois, the questionnaires and interview forms were modified and families in the Chicago area were interviewed. Generally, the retarded children in these families were "trainable" or below (i.e., IQ 50 or lower).

The interviewing procedure was for two interviewers to visit each family in their home at an appointed time. The husband and wife were interviewed in separate rooms. The interview, which took about two hours to complete, was in two parts, an oral section and a written section. Most of the data used in this monograph were from the written section.

Instruments and questions pertaining to independent variables were sex of the retarded child, social status, a modified Vineland scale, age of retarded child, retarded child at home or in institution, religious preference, frequency of church attendance, frequency of seeing wife's mother, frequency of seeing husband's mother, neighborliness scale, frequency of seeing friends, and parents' activity in formal organizations.

Instruments pertaining to the dependent variables were the index of marital integration and sibling role tension index.

The index of the couples' marital integration at the time of the study was composed of the degree of agreement on a rank-ordering of domestic values by the husband and wife and an estimation of existing marital role tension between them.

The index of sibling role tension used in the study was the rating by the mother for each normal child on personality traits on which the parents also rated themselves and their spouse.

These indices were substantiated through comparison with other information in the interview and with observations made by the interviewers. The Mann-Whitney U test was used in the statistical analysis to determine whether or not hypotheses were confirmed by the data.

To examine effects of family resources in meeting the crisis of having a mentally retarded child, the hypothesis tested was: For all families, regardless of whether the retarded child is a boy or girl, parents with high integration early in the marriage are more highly integrated on the average at the time of the study than are parents whose early integration was low. Assumptions made are that, in families in which all children, regardless of sex or normal intelligence, marriage integration tends to remain at a fairly constant level in the early and middle years of marriage (21) and that an estimate of the integration in the early years of marriage provides an indication of the probable integration at the time of the study if no retarded child had been born.

To estimate the degree of early marital integration, the writer used a battery of marital prediction items found statistically significant in at least three previous marriage prediction studies in addition to statements in which the parents evaluated the early stage of their marriage.

It was found that for families with a severely mentally retarded child, the degree of marital integration prior to the birth of the retarded child influenced the degree of marital integration at the time of the study. As a result of these findings, whenever possible, integration early in the marriage was held constant in testing hypotheses.

## RESULTS AND DISCUSSION

The results which have been obtained for the 240 families are summarized below.

Findings concerning the marital relationship of the parents were:

- a. Generally, the marital integration of parents of mentally retarded boys at home was lower than that of parents of mentally retarded girls. An analysis of the data by social class showed that the presence of a retarded boy in lower-class families had a more acute effect on the parents' marriage than the presence of a retarded girl. In middle-class families,

however, the sex of the retarded child was not related to the degree of marital integration of the parents. These results were presumed to stem from differences in parental expectations of the life-careers of boys and girls and from the greater stress placed on sex differences among lower-class families than among middle-class families.

b. As the severely mentally retarded boy grew older, he generally had an increasingly disruptive effect on his parents' marriage.

c. The extent of marital integration of the parents was not markedly affected by the degree of dependence of the retarded child perceived by the mother.

d. When the severely retarded child was institutionalized, the differential effects on the marital relationship of having a retarded boy or girl tended to disappear. There was little difference between the degree of marital integration of parents with a retarded girl at home, those with a retarded girl in an institution, and those with a retarded boy in an institution. According to the analysis, the marital integration of all of these parents tended to be higher than that of parents with a retarded boy at home. It was concluded that, in general, placing a retarded boy in an institution had a beneficial effect on the parents' marital relationship.

Results on the integration of siblings in the family indicated that:

a. Contrary to findings on the marital integration of parents, the retarded child's sex and the family's social status did not influence markedly the adjustment of normal siblings to their family roles.

b. The retarded child's brothers and sisters were adversely affected by a high degree of dependence of the retarded child. These results suggested that the pressures of caring for the retarded child and the responsibility placed on the retarded child's siblings adversely influenced the normal sibling's adjustment in relation to his mother. Additional support for this interpretation was provided by the finding that younger retarded children affected the adjustment of their siblings more than did older retarded children.

c. On the average, the normal sister was helped by placing the retarded child in an institution. Institutionalizing the retarded child did not seem to help the normal brothers. The brothers were slightly higher in adjustment than their sisters in families with a retarded child at home. However, when normal brothers and sisters of institutionalized children were compared, the maladjustment of brothers was generally greater than that of sisters.

Differences in the findings for normal brothers and sisters suggested that sex roles in the family be taken into account in assessing the effects of a retarded child on his family. Taken together with the responses to the open-ended questions, the findings on normal brothers indicated that placing the retarded child in an institution seemed to expand the normal brother's role in the home and create many additional points of stress and



conflict between the normal boy and his mother. The sister, who had been delegated duties concerning the retarded child and housework, was relieved of many responsibilities by the removal of the retarded child from the home. Her family role was hence contracted, and many points of conflict between mother and daughter were removed.

A comparison of factors affecting the marital relationship with those affecting siblings highlights the contrasting ways in which the parents and normal children are influenced by a retarded child. In contrast to the results on parents, social class and sex of the retarded child did not show differences in siblings' integration that were statistically significant. The dependence of the retarded child did influence the siblings but not the parents. The siblings were adversely affected by a young retarded child, the parents by an older one. The cumulative data on social class, sex and age of the retarded child, and dependence of the retarded child thus support the contention that marital integration is affected mainly by variation in anticipated or actual life careers of the retarded children while siblings' integration is affected primarily by short-run shifts in their role.

Findings on the relationship between community participation and marital integration are summarized below.

Because families with retarded children have to develop norms which are peculiarly their own, two kinds of community relations were considered. One kind was called supportive interaction and the other nonsupportive. Supportive interaction was regarded as that interaction in which there was much sympathetic understanding and a reassurance that the parents' revision of roles in handling the retarded child is appropriate or "right." In contrast, nonsupportive interaction would be that interaction in which sympathetic understanding and encouragement were lacking.

Religious association and frequent relations with the wife's mother were regarded as supportive to the parents with a retarded child at home.

a. In the results concerning religious association, there was little difference in the marital integration of Catholics with a retarded boy at home and those with a boy in an institution. In contrast, among non-Catholics, the marriages of parents with a retarded boy at home were more adversely affected than those with a boy in an institution. Thus, the data suggest that participation in the Catholic church and/or Catholic definitions of home and family life were supportive. The results on the frequency of church attendance without regard to religious denomination, however, were inconclusive.

b. It was found that frequent interaction with the wife's mother was related to high marital integration. This relationship was found regardless of whether the mother perceived the retarded child as dependent or independent. Hence, it seemed that the emotional support of the wife's mother rather than her assistance in caring for the child was responsible for facilitating high marital integration.

Generally, the hypotheses relating to supportive interaction were significant for parents of boys but not of girls. These results are consistent with those on the relative impact of retarded boys and girls on the marriage. If having a retarded boy has a more disruptive effect than having a retarded girl, then supportive interaction should be more influential in counteracting this more severe effect. If having a retarded girl has little disruptive effect in general, supportive interaction in these families should have little influence as a strategy for counteracting the presence of the retarded child.

Frequent interaction with the husband's mother, a high degree of neighboring, frequent participation with friends, and activity in formal organizations were considered as nonsupportive interaction.

a. Seeing the husband's mother frequently was associated with low marital integration. This result was consistent with studies for families without retarded children. This finding provides additional support to the contention that, in the relations with in-laws, it is the quality of interaction rather than assistance given in caring for the retarded child which determines the effects of the in-laws on marital integration.

b. Frequent participation with friends and neighbors was related to low marital integration for women who had been relatively poor marital risks. Probably, these women were the most susceptible to nonsupportive interaction with others. Their high participation with friends and neighbors may have also stemmed from a desire to escape from household responsibilities.

c. Men who were active in formal organizations not pertaining to religion or mental retardation tended to have a relatively low marital integration. High participation in formal organizations probably resulted from a desire of the men to be away from home and, in turn, aggravated difficulties in their marriage.

Hypotheses on nonsupportive interaction were only partially confirmed. Clear support by the data was found for the family's interaction with the wife's mother-in-law, but the results for the remaining hypotheses were not so definite.

### *Practical Implications*

Taken together, the results concerning the hypotheses in this study present important considerations in deciding upon institutionalization of the retarded child. Effects of age, sex, and dependence of the retarded child in combination with the presence of normal brothers and sisters and the social status and religion of the family determine the impact of the presence of the retarded child on the family. The parent cannot, of course, predict the future effect of the child on family relations precisely. Yet, the results of the study can serve as guideposts: the parent can expect that a retarded boy, especially after the age of 9, will probably have a disruptive effect

•on marital relations; he can anticipate personality problems for the sister who is given many responsibilities for the child; the parent must be aware of the degree to which the family has its own resources and supportive interaction in facing crisis situations; and he can expect the degree of helplessness of the retarded to affect the personality of his normal children adversely.

### *Theoretical Implications*

From a theoretical viewpoint, the general support of hypotheses suggests that regarding the mentally retarded child as affecting family integration through inducing an arrest in the family cycle is a fruitful approach to the study of family relations of handicapped children. From a more abstract theoretical position, the results of the investigation indicate some potentialities of (a) relating a static description of family integration to a dynamic one (i.e., to a description of the coordination of the life careers of the family members) in providing testable hypotheses concerning a social problem, (b) viewing family social structure as a series of mother-father-child triads, (c) evaluating differential effects of family crisis on parents and children.

### SUGGESTED STUDIES

In the present study, deductions were made on the basis of a symbolic model of the family and past research on the family. These deductions were then considered as hypotheses. Thus, the theory and hypotheses were stated in a gross way, with little empirical work on the family with a retarded child as a guide. The verification of these hypotheses in the present investigation should serve as a starting point for further refinement of theory and hypotheses. For example, precisely which changes in parental expectations for normal sons and daughters occur when the retarded child is institutionalized? This problem implies a change in role and in communication for all family members. A second example would be how parents redefine their expectations of the life careers of all family members when their child is diagnosed as mentally retarded. What are ethnic, social class, and religious differences in this respect? The relationships between subculture and adjustment to crisis would have to be thoroughly examined. On the whole, these studies should provide a refinement of motivation concepts in the study of the family cycle and its arrest.

## APPENDIXES

### APPENDIX A

#### ORAL SECTION OF THE INTERVIEW

- Case \_\_\_\_\_ Area \_\_\_\_\_ : \_\_\_\_\_ Date \_\_\_\_\_
- Respondent: Husband \_\_\_\_\_; Wife \_\_\_\_\_; Other \_\_\_\_\_ Interviewer \_\_\_\_\_
1. Marital status: Mrd \_\_\_\_\_; Div \_\_\_\_\_; Sep \_\_\_\_\_; Wid \_\_\_\_\_; Single \_\_\_\_\_
  2. Date of marriage: \_\_\_\_1\_\_\_\_|\_\_\_\_Residence at time of marriage \_\_\_\_\_  
Mo|Day|Year
  - 3a. How many children do you have? \_\_\_\_\_
  - 3b. What is the name of your oldest child? (Next oldest, etc.)  

<i>Name</i>	<i>Sex</i>	<i>Age</i>	<i>Grade in School</i>	<i>Remarkj</i>
a. _____:				
  4. Where were you born? \_\_\_\_\_ Date of birth—(\_\_\_\_|\_\_\_\_  
Mo|Day|Year
  - 5a. What is the name of the last school you attended? \_\_\_\_\_
  - 5b. What was the last grade you completed in that school? (Encircle)  
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+
  - 6a. How often do you usually attend church services? \_\_\_\_\_ per month.
  - 6b. What is your religious preference or affiliation? \_\_\_\_\_  
(Denomination if appropriate)
  14. What is your occupation? \_\_\_\_\_
  15. What is your wife's (husband's) occupation? \_\_\_\_\_ •
  16. How many organizations do you belong to? (If more than five, ask: What are the names of those you are most active in?) What are their names? (Include social and athletic clubs, unions, fraternal organizations, veterans groups or auxiliaries. If in doubt, include.)  
Number of organizations: \_\_\_\_\_  

	<i>How often</i>	<i>How often do</i>	
	<i>are their</i>	<i>you attend</i>	
<i>Name</i>	<i>meetings?</i>	<i>their meetings?</i>	<i>What offices have you held?</i>
_____:	per mo.	per mo.	_____
  - 22b. Which of the children are together most? \_\_\_\_\_  
What do they do? What about (the remaining combinations) ?
  - 22c. Which child spends the most time with you?  
What do you do?
  - 22d. Do the children help in the house? In which ways?
  - 23a. In what ways have you and your wife (husband) changed since \_\_\_\_\_  
has been in Dixon? What caused these changes?

- 23b. (If not answered in 23a) Did you notice any changes in yourself and your wife (husband) from the time that \_\_\_\_\_ was born until the time he was placed at Dixon?
- 27a. When did you find out that \_\_\_\_\_ was mentally retarded? How?
- 27b. What did the doctors say is the matter with him? What do you think caused it?
- 27c. How did you feel about it at first? Have you gotten over it? In which ways?
- 27d. What was your husband's (wife's) first reaction? In which ways is he (she) over it?
- 27e. How did the other children react? What about now?
- 19e. What was \_\_\_\_\_ like at the time he was placed at Dixon?
- 19b. What is he like now?
- 30a. What were the main reasons for placing \_\_\_\_\_ at Dixon?
- 30b. How often do you see him there? How often do you send him things? What kind of things?
- 30c. Has \_\_\_\_\_ been home to visit? How many times? After a visit home, how do you feel about his going back to Dixon?
- 30d. Can you think of any ways in which : \_\_\_\_\_'s care or training at Dixon could be improved?  
(Probe: Is there anything you can think of that might be done to help him more?)
33. Have you noticed any changes in the other children since \_\_\_\_\_ has been at Dixon? What are some of them?
28. If the parents of a young mentally retarded child similar to yours came to you for advice on what to do or how to raise the child, from your own experience, what are the five or six most important things you could tell them?
29. If you had it all to do over again in bringing up \_\_\_\_\_,\* what would you do differently? What would you do that you have not done? What would you not do that you have done? (\*Name of retarded child)
31. Are you a member of the Dixon Parents Association? Why did you join? Are you getting what you wanted out of it? (For non-members: Do you think these parent associations accomplish anything? What do they accomplish?)
32. What plans or hopes do you have for your children's future? Let's take \_\_\_\_\_ (oldest child) first.
40. What is a typical week-day like for you? What do you usually do during the day from the time you get up in the morning until you go to bed at night? For instance, what did you do yesterday—if that was a typical day? (If yesterday was not a typical day, ask for routine on day before yesterday. Try to record specific times of events if possible. Probe to ascertain other persons participating in each event.)

# APPENDIX B

## WRITTEN SECTION OF THE INTERVIEW (Wife's Form)

### PERSONALITY TRAITS OF FAMILY MEMBERS

Please compare personality traits of your husband, your children, and yourself below. The traits are listed on the left side of the page. The degrees to which people have these traits are listed across the top—from "very much" to "not at all." For each trait, in the box describing the degree to which the person has the trait, mark:

- Y for yourself
- H for your husband
- 1 for your oldest child
- 2 for your next oldest child
- 3 for your next oldest child, etc.

For example, if you and your husband had a trait very much and your child did not have the trait at all, you would mark Y and H in the "very much" box and 1 in the "hasn't the trait at all" box.

Rate your husband first, then yourself, and then your children. Circle any rating you are not sure of.

Traits	DEGREE TO WHICH PERSON HAS TRAIT				
	Has trait very much	Has trait consider- ably	Has trait somewhat	Has trait a little	Hasn't the trait at all
Example: Likes TV	(H) Y				1
Sense of humor					
Sense of duty					
Stubborn					
Gets angry easily					
Nervous or irritable					
Easygoing					
Moody					
Jealous					
Likes to take responsibility					
Dominating or bossy					
Critical of others					
Easily excited					
Feelings easily hurt					
Likes belonging to organizations					
Easily depressed					
Self-centered					
Shy					

## FRIENDS AND FAMILY

1. Please list below the *first name* or *initials* of people you consider as close friends. *You can put down as many or as few names as you wish.* Do not include your own parents or brothers and sisters but list cousins and other relatives who are close friends.
2. In the second column, write in the number of years you have known them.
3. In the third column, check how often you have seen each close friend in the past year.

1 Names of my close friends	2 Number of years I have known this friend	3 I HAVE SEEN THIS FRIEND IN THE PAST YEAR:			
		At least once a week	At least once a month	At least once during the year	Not at all

4. Check below how often you see your own parents and brothers and sisters.

I HAVE SEEN THIS RELATIVE IN THE PAST YEAR:						
	Every Age day	At least once a week	At least once a month	At least once during the year	Not at all	Relative not living
Mother						
Father						

## Brothers and Sisters

I HAVE SEEN THIS RELATIVE IN THE PAST YEAR:							
	SEX		At least once a week	At least once a month	At least once during the year	Not at all	Relative not living
	Age	Male Female					
1.							
2.							
3.							
4.							
5.							

If you have no brothers or sisters, please check here: \_\_\_\_\_

## CONTACTS WITH NEIGHBORS\*

In the questions which you are now going to answer, the word *neighborhood* means all homes within one block in any direction from the block where you live. *Neighbor* means any person living that distance from you.

\* Neighborliness scale (74). Copyright 1953 by the University of Chicago.

1. How long have you lived in the neighborhood you are now living in? \_\_\_\_\_  
(Please check the appropriate answer to each question.)
2. How many of your *best* friends who live in your neighborhood did you get to know since you or they moved into the neighborhood?  
None \_\_\_\_\_ one: \_\_\_\_\_ two \_\_\_\_\_ more than two \_\_\_\_\_
3. Do you and any of your neighbors go to movies, picnics, or other things like that together?  
Never \_\_\_\_\_ rarely \_\_\_\_\_ sometimes \_\_\_\_\_ often \_\_\_\_\_
4. Do you and your neighbors entertain one another?  
Never \_\_\_\_\_ rarely \_\_\_\_\_ sometimes \_\_\_\_\_ often \_\_\_\_\_
5. If you were holding a party or tea for an out-of-town visitor, how many of your neighbors would you invite?  
None \_\_\_\_\_ one \_\_\_\_\_ two \_\_\_\_\_ more than two \_\_\_\_\_
6. How many of your neighbors' homes have you ever been in?  
None \_\_\_\_\_ one to three \_\_\_\_\_ four or more \_\_\_\_\_
7. How many of your neighbors have ever talked to you about their problems when they were worried or asked you for advice or help?  
None \_\_\_\_\_ one \_\_\_\_\_ two \_\_\_\_\_ more than two \_\_\_\_\_
8. Do you and your neighbors exchange or borrow things from one another such as books, magazines, dishes, tools, recipes, preserves, or garden vegetables?  
Never \_\_\_\_\_ rarely \_\_\_\_\_ sometimes \_\_\_\_\_ often \_\_\_\_\_
9. About how many of the people in your neighborhood would you recognize by sight if you saw them in a large crowd?  
None \_\_\_\_\_ a few \_\_\_\_\_ about half \_\_\_\_\_ more than half \_\_\_\_\_
10. With how many of your neighbors do you have a friendly talk fairly frequently?  
None \_\_\_\_\_ one \_\_\_\_\_ two \_\_\_\_\_ more than two \_\_\_\_\_
11. About how many of the people in your neighborhood do you say "Hello" or "Good morning" to when you meet on the street?  
Five or less \_\_\_\_\_ six or more \_\_\_\_\_
12. How many of the names of the families in your neighborhood do you know?  
None \_\_\_\_\_ one to three \_\_\_\_\_ four or more \_\_\_\_\_
13. How often do you have a talk with any of your neighbors?  
Never \_\_\_\_\_ rarely \_\_\_\_\_ sometimes \_\_\_\_\_ often \_\_\_\_\_

#### SUCCESSSS IN MARRIAGE AND FAMILY\*

Below are listed standards by which family success has been measured. Look through the list and mark *1* after the item you consider most important in judging the success of families (in the column headed *Rank*). Look through the list again and mark *2* after the item you consider next important. Keep doing this until you have a number after each item.

There is no order of items which is correct; the order you choose is correct for you. Remember, there can be only one item marked *1*, one item marked *2*, one item marked *3*, . . . one item marked *10*.

Used in index of marital integration (19).



Rank

- A place in the community.* The ability of a family to give its members a respected place in the community and to make them good citizens (not criminals or undesirable people). . . . . \_\_\_\_\_
- Healthy and happy children.* . . . . . \_\_\_\_\_
- Companionship.* The family members feeling comfortable with each other and being able to get along together. . . . . \_\_\_\_\_
- Personality development.* Continued increase in family members; ability to understand and get along with people and to accept responsibility \_\_\_\_\_
- Satisfaction in affection shown.* Satisfaction of family members with amount of affection shown and of the husband and wife in their sex life \_\_\_\_\_
- Economic security.* Being sure that the family will be able to keep up or improve its standard of living . . . . . \_\_\_\_\_
- Emotional security.* Feeling that the members of the family really need each other emotionally and trust each other fully. . . . . \_\_\_\_\_
- Moral and religious unity.* Trying to live a family life according to religious and moral principles and teachings. . . . . \_\_\_\_\_
- Everyday interest.* Interesting day-to-day activities having to do with house and family which keep family life from being boring. . . . . \_\_\_\_\_
- A home.* Having a place where the family members feel they belong, where they feel at ease, and where other people do not interfere in their lives . . . . . \_\_\_\_\_

#### COURTSHIP AND MARRIAGE

Please *check* the most appropriate answer.

1. Is this your first marriage? Yes \_\_\_\_\_; No \_\_\_\_\_
  - \* 2a. How long had you gone with your husband before you became engaged? About \_\_\_\_\_ months.
  - \* 2b. How long were you engaged? About \_\_\_\_\_ months.
  - \* 3. Just before your marriage, did you *prefer* to spend your leisure time:  
(a) At home \_\_\_\_\_; (b) usually at home \_\_\_\_\_; (c) usually on the go \_\_\_\_\_;  
(d) always on the go \_\_\_\_\_
  - \* 4. Just before your marriage, did your husband *prefer* to spend his leisure time: (a) At home \_\_\_\_\_; (b) usually at home \_\_\_\_\_; (c) usually on the go \_\_\_\_\_; (d) always on the go \_\_\_\_\_
  - \* 5. Before the children were born, how much of your spare time did you and your husband spend together in your common interests: (a) All of it \_\_\_\_\_; (b) most of it \_\_\_\_\_; (c) a little of it \_\_\_\_\_; (d) almost none of it \_\_\_\_\_
  6. How long after marriage had you planned to have your first child?  
(a) No special plans \_\_\_\_\_; (b) as soon as possible •••; (c) one or two years \_\_\_\_\_; (d) three or more years \_\_\_\_\_
  - \* 7. The engagement period is often one of doubt. Did you ever have any doubts about your engagement? Yes \_\_\_\_\_; no \_\_\_\_\_
  - \* 8. By whom were you married? Religious person \_\_\_\_\_; civil ceremony \_\_\_\_\_
  - \* 9. In the first year or so of marriage, did you have any difficulty in adjusting to married life? Very much \_\_\_\_\_; some \_\_\_\_\_; a little \_\_\_\_\_; not at all \_\_\_\_\_
- \* Items used in computation of Marital Prediction Score.

10. What was your occupation at the time of your marriage? \_\_\_\_\_
- \*11. When you were a child, how happy was your mother in her marriage?  
Exceedingly happy\_\_\_\_; happier than most\_\_\_\_; average happiness\_\_\_\_;  
less than average happiness\_\_\_\_\_
- \*12. When you were a child, how happy was your father in his marriage?  
Exceedingly happy\_\_\_\_; happier than most\_\_\_\_; average happiness\_\_\_\_;  
less than average happiness\_\_\_\_\_
- \*13. When you were a child, what was your attitude toward your mother?  
Very close \_\_\_\_; fairly close\_\_\_\_; not very close\_\_\_\_; not close at  
all\_\_\_\_\_
- \*14. When you were a child, what was your attitude toward your father?  
Very close\_\_\_\_; fairly close\_\_\_\_; not very close\_\_\_\_; not close at  
all\_\_\_\_\_
- \*15. Did either your mother or father disapprove of your marriage?  
Yes\_\_\_\_; no\_\_\_\_\_
- \*16. In the first year or so of your marriage, how often did you attend church  
services? Less than once a month\_\_\_\_; two or three times a month\_\_\_\_;  
four or more times a month\_\_\_\_\_
- \*17. In the first year of your marriage, how many friends did you and your  
husband have in common? Almost none\_\_\_\_; a few\_\_\_\_; several\_\_\_\_;  
many\_\_\_\_\_
18. Getting ahead in occupation or place in the community sometimes means  
that you have to do certain things you may not like. Which of the follow-  
ing things would you be willing to do in order to get ahead?

	<i>Very willing</i>	<i>Somewhat willing</i>	<i>A little willing</i>	<i>Not at all willing</i>
For your husband to learn new skills				
Leave your friends				
Keep quiet about political views				
Move around the country a lot				
For your husband to take on more responsibility				
Give up spare time				
Keep quiet about religious views				

19. If you could not have both, which would you rather have, a job where you  
could express your feelings, ideas, and skills or a job which you were abso-  
lutely sure of keeping? Express ideas\_\_\_\_; sure of keeping\_\_\_\_\_
20. Do you think a married woman's place should be in the home or should  
women take jobs outside the home if they want them? Home\_\_\_\_;  
outside\_\_\_\_\_
21. Please check the following:  
What was the total income of your family last year (after income tax had  
been paid)?

Less than \$1,000	_____	\$6,000-\$6,999	_____
\$1,000-\$1,999	_____	\$7,000-\$7,999	_____
\$2,000-\$2,999	_____	\$8,000-\$8,999	_____
\$3,000-\$3,999	_____	\$9,000-\$9,999	_____
\$4,000-\$4,999	_____	\$10,000 or over	_____
\$5,000-\$5,999	_____		

#### CHANGES SINCE BIRTH OF RETARDED CHILD

In what ways do you think you have changed since the retarded child was born? Please check one in each of the questions below.

1. I've become (more patient\_\_\_\_, less patient\_\_\_\_, about as patient \_\_\_\_;\_\_\_\_) as I was before.
2. I plan more for the future\_\_\_\_; I live more from day to day\_\_\_\_; I plan about as much as I did before\_\_\_\_
3. I make friends (more easily\_\_\_\_, less easily\_\_\_\_, about as easily\_\_\_\_) as I used to.
4. I've become (more deeply religious\_\_\_\_, less religious\_\_\_\_, about as religious\_\_\_\_) as I was before.
5. I worry (more\_\_\_\_, less\_\_\_\_, about as much\_\_\_\_) as I did before.
6. I've become (more nervous\_\_\_\_, less nervous\_\_\_\_, about as nervous\_\_\_\_.) as I was before.
7. I get angry (more easily\_\_\_\_, less easily\_\_\_\_, about as easily\_\_\_\_) as I did before.
8. In general, I've become (more unhappy\_\_\_\_, happier\_\_\_\_, about as happy\_\_\_\_) as I was before.
9. In general I feel I've changed for the better\_\_\_\_, changed for the worse\_\_\_\_, in some respects I've changed for the better and in some for the worse\_\_\_\_, I haven't changed at all \_\_\_\_
10. In general I get along (better\_\_\_\_, less well\_\_\_\_, about as well\_\_\_\_) with my mate as before.

When you are worried, whom do you confide in most? Check one.

- \_\_\_\_ 1. your mate
- \_\_\_\_ 2. your parents
- \_\_\_\_ 3. your brothers and sisters
- \_\_\_\_ 4. your children
- \_\_\_\_ 5. other relatives
- \_\_\_\_ 6. friends or neighbors
- \_\_\_\_ 7. minister
- \_\_\_\_ 8. no one—keep it to yourself
- \_\_\_\_ 9. other person (please write in): \_\_\_\_\_

Do you own a car? Yes\_\_\_\_; no\_\_\_\_.

Do you have a telephone? Yes\_\_\_\_; no\_\_\_\_.

It is more difficult for the parents if the retarded child is:

A boy\_\_\_\_; a girl \_\_\_\_; makes no difference\_\_\_\_

Which group of people do you feel most at ease with or most comfortable to be with?

- \_\_\_\_ a. The people my husband works with
- \_\_\_\_ b. Other church members
- \_\_\_\_ c. My relatives
- \_\_\_\_ d. Other parents of retarded children
- \_\_\_\_ e. Members of my club (social club, Parent-Teachers Association, bridge club, sorority, etc.)
- \_\_\_\_ f. Neighbors
- \_\_\_\_ g. Parents who have (normal) children about the same age as mine
- \_\_\_\_ h. None of these

Who besides you often takes care of the retarded child?

One of the child's brothers or sisters. \_\_\_\_\_  
A neighbor. . . . . \_\_\_\_\_  
The child's grandparents \_\_\_\_\_  
A paid sitter. . . . . \_\_\_\_\_  
My husband. . . . . \_\_\_\_\_  
Child's aunt or uncle \_\_\_\_\_  
Other . . . . . \_\_\_\_\_  
No one. . . . . \_\_\_\_\_

Of your close friends, how many have a retarded child in their family? \_\_\_\_\_  
Which of the following people do you think would object to your placing your retarded child at Lincoln or Dixon now?

\_\_\_\_\_ a. My mother \_\_\_\_\_ g. My mother-in-law  
\_\_\_\_\_ b. My father \_\_\_\_\_ h. My father-in-law  
\_\_\_\_\_ c. MY BROTHERS OR SISTERS \_\_\_\_\_ i. My husband  
\_\_\_\_\_ d. Other relatives \_\_\_\_\_ j. My children  
\_\_\_\_\_ e. My minister or priest \_\_\_\_\_ k. Neighbors  
\_\_\_\_\_ f. Friends \_\_\_\_\_ l. Other: \_\_\_\_\_

Is your child on the waiting list for Lincoln or Dixon or a private residential school? Yes \_\_\_\_\_; no \_\_\_\_\_

#### CHILD BEHAVIOR CHECKLIST\*

Below is a list of different kinds of child behavior. If your mentally retarded child usually does the thing listed, put a circle around the word "Yes." If he (she) does not usually do it, put a circle around the word "No."

- Yes No 1. free to roam all over house and yard  
Yes No 2. walks upstairs without help  
Yes No 3. enjoys rough and tumble play  
Yes No 4. buttons and unbuttons own clothing  
Yes No 7. takes off coat or dress without help  
Yes No 8. eats with a fork  
Yes No 9. gets a drink of water without help  
Yes No 10. puts on coat or dress without help  
Yes No 11. permitted to play with scissors  
Yes No 12. I make frequent trips to child's room to see if he (she) is sleeping quietly  
Yes No 13. walks downstairs without help  
Yes No 14. washes hands and face without help  
Yes No 15. likes to keep things tidy

•Modification of Vineland Social Maturity Scale.

- Yes No 16. will give up immediate pleasures for promise of getting something good later
- Yes No 17. goes on little errands near house
- Yes No 18. willing to wait his (her) turn
- Yes No 19. willing to share toys
- Yes No 20. allowed to help set the table
- Yes No 21. unlaces and takes off own shoes
- Yes No 22. I often lie down at night with child until he (she) falls asleep
- Yes No 23. cares for self at the toilet
- Yes No 24. goes about neighborhood by himself (herself)
- Yes No 25. laces and ties own shoes
- Yes No 26. plays competitive games (for example, baseball, football)
- Yes No 27. child needs favorite toy or stuffed animal to take to bed
- Yes No 28. usually prefers playing with a group of two or three children to playing by himself
- Yes No 29. has many fears (dark, dogs, old men)
- Yes No 30. uses skates
- Yes No 31. I allow child to wash dishes
- Yes No 32. puts toys away where they belong
- Yes No 33. uses table knife for spreading butter
- Yes No 34. gets ready for bed without help
- Yes No 35. climbs trees, fences, or other high places
- Yes No 36. uses tools (for example, nails wood together, tightens screws)
- Yes No 37. goes to bed at night willingly
- Yes No 38. sometimes wets at night
- Yes No 39. sometimes gets hurt in rough outdoor play
- Yes No 40. is a very sensitive child
- Yes No 41. insists on being first in everything
- Yes No 42. bosses and teases other children a good deal
- Yes No 43. uses table knife for cutting meat
- Yes No 44. good table manners
- Yes No 45. attends school or special classes
- Yes No 46. takes a bath without help
- Yes No 47. helps with routine household chores (such as sweeping or dusting)
- Yes No 48. I am afraid that child will be injured in outdoor play
- Yes No 49. goes to the store alone to buy milk or bread
- Yes No 50. goes by street car or bus alone
- Yes No 51. can be left at home all alone
- Yes No 52. visits overnight in friends' homes
- Yes No 53. must be watched closely because of sickly condition
- Yes No 54. catches cold easily
- Yes No 55. gets tired easily
- Yes No 56. I prepare special food if child doesn't want to eat
- Yes No 57. complains of aches and pains
- Yes No 58. goes to movies alone or with other children

## APPENDIX C

### PROCURING THE SAMPLE

In this Appendix, the procedures by which the sample of families with a severely mentally retarded child was secured will be evaluated. The Appendix includes an estimate of the completeness of the available lists of parents with a severely mentally retarded child and the representativeness of these lists. In addition, effects of the means for gathering data upon the selection of the sample will be discussed.

#### COMPLETENESS OF LISTS OF PARENTS WITH A SEVERELY RETARDED CHILD

The most complete and available contemporary lists of parents in metropolitan Chicago who have defined their children as mentally retarded are the mailing lists of the associations founded for promoting the welfare of the mentally retarded. In addition, it was thought desirable for sampling biases in all samples to be of a similar nature. Otherwise, if names were drawn from different sources, parents with a child at home could not be compared with parents with a child in an institution.

The use of mailing lists of parents' associations influenced the selection of the sample by excluding those who do not contact these associations. Systematic differences between those families who have contacted parents' associations and those who have not would influence the representativeness of the sample of parents who have defined at least one of their children as retarded.

Only a rough estimate can be made of the number and distribution of the population of Caucasian married couples who have defined at least one of their children as severely mentally retarded. The results appear in Table 20.

For children in either the Dixon or Lincoln State School, an estimate of the proportion of the entire population participating in the study is relatively simple. The files at the Lincoln State School were examined from about March 1 to June 1, 1956. There were 1,063 mentally deficient children in the school who had been admitted from Cook County. Of the 1,063 persons, 361 had the following attributes: (a) were born 1939 or later and (b) had an IQ of 49 or under. The State Department of Public Welfare in a special tabulation for this study reported that as of July 1, 1956, the Dixon State School held 2,236 residents of Cook County. If we assume the same proportion as at Lincoln falling into the group born 1939 or later and IQ of 49 or under, we can estimate 759 persons at Dixon in this classification. Our total estimate of the total institutional population from Cook County is thus 1,120.

The estimate of the number of severely mentally deficient children still living in Cook County, by contrast, is more indirect. There has been no census of the mentally retarded in Cook County. If we assume, however, that incidence rates computed from a census of New York City are comparable to those of Cook County, we can estimate the number of severely mentally deficient children living at home in Cook County. If we regard the New York City incidence rates for children aged 5 to 15.9 as accurate for Cook County, we find 1.7 per

TABLE 20

ESTIMATE OF THE PROPORTION OF CAUCASIAN FAMILIES IN COOK  
COUNTY, MARRIED, HAVING A CHILD WITH IQ 49 OR  
LESS, AND CONTACTED FOR STUDY

*Total number of families with a severely retarded child*

Total number in state institutions from Cook County with IQ of 49 or under (1,063 at Lincoln; 2,236 at Dixon) . . . . .	3,299
Number in institutions from Cook County with IQ 49 or less and born 1939 or later (361 at Lincoln; 759* at Dixon) . . . . .	1,120
Number estimated in institutions if New York City rate 1.7 per 1,000 is used	1,097
Total estimated number of children with IQ 49 or less at home if 1.2 per 1,000 New York City incidence rate is applied to Cook County. . . . .	.774
Total number of families estimated with child with low IQ (1,120 in institu- tions; 774 at home). . . . .	1,894

*Families in Cook County with characteristics desired for research*

Total number of families with child of low IQ in institution, parents married (221 at Lincoln; 465* at Dixon). . . . .	686
Number of families with child of low IQ in institution, parents married, Caucasian. . . . .	590
Number of families with child of low IQ at home, parents married, Cau- casian. . . . .	572
Total number of Caucasian families in Cook County with one severely re- tarded child aged 16 or under, parents married . . . . .	1,162

*Families with severely retarded child contacted for study*

Approximate total number of families contacted (not all with desired charac- teristics) . . . . .	1,000
Total number of families with a child of low IQ who were interviewed. . . . .	369
Families with parents Caucasian, one child aged 16 or under with low IQ, parents married, interviewed for study. . . . .	240
Proportion of those interviewed having characteristics desired. . . . .	.65
Estimate of number of families with desired characteristics who were contacted	650
Proportion of all families with characteristics desired for research contacted for study (650/1,162). . . . .	.56

\* Estimated on basis of Lincoln data.

t Population used as basis: 645,135 children aged 5 to 15.9 in Cook County in 1950 (69, Table 41). New York incidence rate from Bienenstok and Coxé study (5, p. 23).

r Difference between 1,120 and 1,097 can be accounted for by inclusion of children 0 to 4.9 years of age in Illinois institutional population.

5 Includes children living in a private institution.

fl Estimates assume one severely retarded child per family.

II Based on 1955 data for Chicago metropolitan area (11, pp. 19 and 22). Of persons ever married, 86% were married in 1955.

thousand children in a state institution and 12 severely retarded children per thousand living at home (5). On the basis of the New York City rates, we estimate 1,097 children in institutions as compared with 1,120 based on the extrapolation of data in the Lincoln files. The 23 additional cases could be accounted for in the age group of 4 years of age and under. Assuming 12 severely retarded children per thousand children living at home, we estimate 774 in Cook County. This would give a total of approximately 1,900 children aged 16 or under, with an IQ of 49 or lower, living at home (or private institutions) or in a state institution, from Cook County.

For families with a child at home or in a private institution, the total estimate of 774 was adjusted for proportion Caucasian and married in Cook County. In metropolitan Chicago, approximately 86 per cent are Caucasian and a similar percentage of those ever married are still married (11, pp. 19 and 22). The total adjusted estimate was  $(774 \times 86 \times 86)$  or 572 couples who are Caucasian, married and living together, and parents of a severely retarded child at home or in a private institution.

For families with children in a state institution, it was estimated that there were 686 families with parents married, living in Cook County with a child with IQ of 49 or under. This was done by extrapolating the 221 families from the Lincoln data to Dixon  $(759 \times 221/361)$  and adding the Dixon estimate to the Lincoln finding. Of the 686 families, it was estimated that on the basis of data on metropolitan Chicago, 590 are Caucasian (11, p. 19).

The total number of Caucasian families with parents married and living together, one severely retarded child aged 16 or under, living in Cook County at the time of the study, is thus estimated to be 1,162 or roughly 1,200.

The parents' associations, founded to promote the welfare of the mentally deficient, were contacted and asked to supply their mailing lists so that each family could be contacted through a letter by the investigator. Of the 12 associations contacted, one refused to cooperate, eight sent their mailing lists, and three associations addressed and mailed the letters to the parents themselves.

Of the 11 Chicago-area parents' associations cooperating in the study, two were composed of parents with a child in a state institution for the mentally deficient. The remaining nine sponsored day schools for trainable children (i.e., for children who have an IQ roughly between 30 and 50). The mailing lists, however, included persons who were parents of retarded children who neither were in a state institution nor were in a day school for the mentally retarded. Many parents who had a severely retarded child who was in a private institution or who spent all of his time at home belonged to or had some contact with the parents' associations. Approximately 450 families were contacted through the two associations of parents with a child in a state institution and 550 were reached through the other nine associations. In all, about 1,000 families were contacted and asked to participate in the study.

Of the 1,000 families contacted for study, some of the families were undoubtedly not with characteristics of parents married, Caucasian, one retarded child in family with IQ 49 or lower. A little over one-third or 369 families were interviewed for the study. Of the 369 families only 65 per cent or 240 were of the characteristics desired. Assuming that this proportion is true also for the families who refused, we estimate that 650 of the 1,000 families contacted had the characteristics of families to which this study is limited.

An estimate is thus made that the mailing lists include 650 or about one-half of the total number, 1,200, with these characteristics.



# REPRESENTATIVENESS OF THE LISTS OF PARENTS

A problem raised by the incomplete mailing lists is whether the portion of the names listed is similar to the entire group of parents with retarded children in the Chicago area. If the list is not similar to the entire group, we should then find the ways in which the list differs from the total population.

Using the data presented by Mullen and Nee (45) in their article on the comparative spatial distribution in Chicago of trainable and educable mentally retarded, we computed a correlation for the 74 community areas in Chicago (excluding the Loop) between the rank for the area on the rate of children placed in ungraded classes and the rank for that area on the rate of children excused from school attendance as being mentally deficient. The Spearman rank correlation coefficient was .52. We, therefore, conclude that areas which produce a higher rate of educable children also tend to produce a higher rate of trainable children.

The ranks for the community areas on rates of educable and trainable were then correlated with the socioeconomic rank of the community areas. A Guttman scale of socioeconomic rank was applied to 1950 U. S. Census data on Chicago

TABLE 21  
COMPARISON OF SOCIOECONOMIC RANK OF CENSUS TRACTS OF RESIDENCE  
BETWEEN PARENTS LISTED BY PARENTS' ASSOCIATIONS AND  
ALL ADULTS, AGED 21 AND OVER, LIVING IN CHICAGO, 1950

<i>Socioeconomic Rank of Census Tract</i>	PARENTS LISTED BY ASSOCIATIONS		ADULTS, 21 AND OVER, CHICAGO, 1950	
	<i>No. of Parents</i>	<i>Per Cent</i>	<i>No. Expected on Basis of Total No. of Parents Listed by Parents' Associations*</i>	<i>Per Cent of Actual Chicago Adult Population</i>
9, 10 .....	87	17.8	71.9	14.7
8 .....	80	16.4	69.4	14.2
7 .....	12	2.5	20.5	4.2
6 .....	55	11.2	41.1	8.4
5 .....	20	4.1	12.7	2.6
4 .....	90	18.4	91.0	18.6
3 .....	29	5.9	32.3	6.6
2 .....	90	18.4	100.7	20.6
0, 1 .....	26	5.3	49.9	10.2
Total .....	489	100.0	489.5	100.1

$$\chi^2 = 30.143; 8 \text{ df}; p < 0.001.$$

\* Per cent of actual Chicago adult population in a given socioeconomic rank of census tracts multiplied by 489 provides expected number.

(20). The Spearman rank correlation coefficient between socioeconomic rank of the community area and the proportion of educable mentally handicapped children was  $-.60$  and between socioeconomic rank and rate of trainable children was  $-.34$ . On the basis of a  $t$  test, all of these rank correlations are significant at the 5 per cent level. Thus, we find that generally the higher the rank on the socioeconomic scale, the lower is the proportion of both trainables and educables to the total number of public school children in a community area.

When the addresses supplied by the parents' associations in Chicago are classified according to socioeconomic rank of census tracts of the residents (67), a pattern unlike that found in the rank correlations emerges. The results appear in Table 21. A score of 10 indicates the highest socioeconomic rank and 0 the lowest.

In Table 21, the socioeconomic ranks of census tracts in which parents who are listed by associations to promote the welfare of the mentally retarded are compared with the percentage of the actual Chicago 1950 adult population living in each socioeconomic rank of census tracts. The differences between percentage of parents of retarded children and actual Chicago adult population are such that

TABLE 22  
SOCIOECONOMIC RANK OF CENSUS TRACT OF RESIDENCE AND PARTICIPATION IN THE STUDY FOR FAMILIES WITH A MENTALLY RETARDED CHILD\*

P A R T I C I P A T I O N   I N   S T U D Y					
<i>Socioeconomic Rank of Census Tract</i>	P A R T I C I P A T I N G		N O N P A R T I C I P A T I N G		<i>Total No. of Cases</i>
	<i>No. of Participants</i>	<i>Per Cent Participants</i>	<i>No. of Non-participants</i>	<i>Per Cent Non-participants</i>	
10 .....	32	36.8	55	63.2	87
9 .....					
8 .....	36	45.0	44	55.0	80
7 .....	5	41.7	7	58.3	12
6 .....	19	34.5	36	65.5	55
5 .....	9	45.0	11	55.0	20
4 .....	30	33.3	60	66.7	90
3 .....	9	31.0	20	69.0	29
2 .....	37	41.1	53	58.9	90
0, 1 .....	10	38.5	16	61.5	26
Total .....	187	38.2	302	61.8	489

$\chi^2 = 4.032$ ; 8 df;  $.90 > p > .80$  (participants as compared with nonparticipants).

\* Excludes 38 participants from the one parents' association in Chicago which did not permit use of its mailing list. Includes from suburban parents' associations those families living in Chicago.

a greater percentage of retarded children's parents appear at the upper end of the socioeconomic scale than might be expected on the basis of the actual adult population distribution. A lesser number of retarded children's parents than expected are found at the lower end of the scale.

Two sources of bias in the lists are indicated, (a) There is a tendency for parents in upper and especially middle socioeconomic ranks to contact parents' associations, which dispels a popular notion that those of higher socioeconomic status tend to keep their retarded children a family secret, (b) As shown by an under-representation from tracts scored 0, which indicates that a majority of the inhabitants of the census tract are Negro, there is a paucity of Negro members in the associations. Considering the Mullen and Nee data, both of these biases indicate that membership in parents' associations for promoting the welfare of the mentally retarded tends to be a middle-class phenomenon and is not representative socioeconomically of the population of parents of the mentally retarded.

It was found, however, that those parents who volunteered to be interviewed are similar, in terms of the socioeconomic rank of the census tract in which they reside, to the population appearing on the associations' lists. These results are shown in Table 22. According to Table 22, regardless of the socioeconomic rank of the census tract of residence, the percentage of persons who participated to the total number who had been contacted was not significantly different from the 38.2 per cent for the total sample. For all census tract socioeconomic ranks, the chi square found in comparing participants with nonparticipants was 4.032. With 8 degrees of freedom, if assumptions of random sampling had been met, the probability that differences between the various socioeconomic ranks would be due to chance errors in sampling would lie between .80 and .90.

In summary, while those parents who volunteered to be interviewed are probably not representative of the socioeconomic status of all parents of mentally retarded children, they seem similar in socioeconomic status to the others listed by the parents' associations.

#### EFFECTS OF PROCEDURES ON SAMPLE SELECTION

Using parents' associations as the source for subjects for study influenced the sample selection in ways other than the elimination of parents who have not contacted these groups. In this section, the use of the reply form, the degree of parents' involvement in the association, marital integration of the parents, and other factors influencing parents' participation will be discussed.

##### *Use of the Reply Form*

The procedure followed in all parents' associations, except one, was to send a letter to each person on the mailing list asking him to participate. Each letter contained both a general description of the aims and interview and a statement of the sponsorship by the Department of Public Welfare and supervision by Samuel A. Kirk. Enclosed were a reply form and stamped return-envelope. The recipient of the reply form had to write in his name, address, and telephone number. Hence, to take part in the study, he had to indicate some initiative. The effect of this procedure on the bias in sampling was examined.

Because of the investigator's misunderstanding of a letter from the H Parents' Association, the interviewers contacted the members of H Association directly. The investigator merely sent the members a letter stating that the interviewers would call upon the parents. There were 34 members in the association. Of these, seven families refused to take part and six others did not meet the required

characteristics of the population selected for study (widow, aunts, parent does not define child as mentally deficient). Of the 21 married couples interviewed, four (19 per cent) were incomplete or regarded by the interviewer as producing false information. In contrast, for the remainder of the cases in which the mentally deficient child lives at home, only 7 per cent of the interviews were incomplete or invalid.

Inasmuch as only those parents with a child in the school were included in the H Association mailing list, the problem is raised as to whether the 50 per cent participation by married couples (giving valid responses) is unusually high compared with similar associations. Of 270 families in associations with day schools in Chicago itself, 108 married couples (with valid responses) or 40 per cent were interviewed. Thus, the reduction of nonrespondents made through direct contact by the interviewer seems to be somewhat offset by the proportion of invalid interviews in the direct contact procedure.

#### *Involvement in Parents' Association and Participation in Study*

Participation in a parents' association as a factor in participating in the research was investigated in two ways. The length of membership in an organization and the proportion of the meetings attended in the last year were used as indicators of participation in parent associations.

Associations for the promotion of the welfare of the mentally retarded generally have as one of their official aims the cooperation with agencies doing research which may benefit the mentally deficient. Those parents who are highly involved in the functioning of the association would thereby feel constrained to participate in the study. By their involvement in the association, a considerable number could also be expected to regard the association as a "reference group" (58) and to concur in the approving attitude of research on the mentally deficient. We would, therefore, expect that those who have been members longer and those who attend a greater proportion of the meetings would tend to participate in the study in greater number than those who are more recent members or less active in the association.

One parents' association (B Association) supplied us with a list which indicated those who had been members for more than a year and those who joined during that year. While the length of membership would indicate involvement to some extent, there are many members who have continued to pay their dues, but who are not active in the association. Table 23 shows the relationship between length of membership and participation in the study. Although about one-third of the long-term members participated in the study, only a little over one-fifth of the new members took part.

B Parents' Association is not a typical parents' association in several ways. It has a larger membership than most associations. More important, its members have a child in a state institution. For both associations of parents with a child in a state institution, about one-fourth of the parents contacted participated in the study; for *all* parents contacted, over one-third took part. The larger organizations with children in the community are older than the associations with children in a state institution and would tend to have a larger proportion of parents who have been active over a year. Secondly, the associations with children in the community operate a day school for "trainable" mentally deficient children; it is more likely that the parents would be active in the association when their own children may benefit directly. There is, hence, more incentive for parents with severely mentally deficient children in the community than parents with a child

TABLE 23  
 LENGTH OF MEMBERSHIP IN PARENTS' ASSOCIATION AND PARTICIPATION  
 IN STUDY (B PARENTS' ASSOCIATION)

<i>Participation in Study</i>	LENGTH OF MEMBERSHIP				TOTAL MEMBERSHIP	
	ONE YEAR OR MORE		LESS THAN ONE YEAR			
	<i>No. of Cases</i>	<i>Per Cent</i>	<i>No. of Cases</i>	<i>Per Cent</i>	<i>No. of Cases</i>	<i>Per Cent</i>
Participant .....	41	32.3*	27	21.8*	68	27.1
Nonparticipant .....	86	67.7	97	79.2	183	72.9
Total .....	127	100.0	124	100.0	251	100.0

\* Critical ratio for difference = 1.87; for one-tailed test,  $p = .03$ .

in a state institution to be involved in a parents' association over a long period of time.

C Parents' Association, which operates a day school for trainable children, provided us with information on the percentage of meetings attended in the past year by parents (usually the mother). In this group, one-half of the members participated in the study. Table 24 indicates that those who attend meetings frequently are more likely to participate in the study than those who do not. Only one parent of the 12 who attended more than two-thirds of the monthly meetings did not volunteer. The results in Table 24 are statistically significant at the .01 level.

The conclusion reached on the basis of the above data is that degree of involvement in parents' associations was a factor in participation in the study.

TABLE 24

### *Marital Integration and Participation in Study*

A third factor which may have influenced participation in the study is the marital integration of the parents of the severely mentally retarded child.

For example, in the Burgess and Wallin marriage prediction study, Wallin found that interviewers were more pessimistic as to the outcome of the marriages of engaged couples who refused to participate than of couples who did take part in the research (72).

In 20 families in the present study, the wife consented to be interviewed, but the husband refused. One husband gave as his reason that from conversation with parents who had been interviewed, he decided the questions were "too personal." Thirteen of these wives were later interviewed. If we assume that these families are on the border line between those parents who readily consented to be interviewed and those parents who refused, we can infer the relative marital integration of participants and nonparticipants in the investigation.

A comparison was made of families in which only the wife was interviewed with families in which both husband and wife were interviewed. The two groups were compared on whether the report was made that (a) neither husband nor wife regrets the marriage and (b) both husband and wife are happy or very happy. These items were chosen because of their correlation with the index of marital integration used in the present investigation (19). For both of these items, the responses obtained where the wife alone was interviewed were compared with responses where both husband and wife with a retarded child at home were interviewed. Nine of the 13 families in which the wife alone participated had a retarded child at home; the child in the other four was in an institution. This comparison operates to minimize the differences between the two samples. Yet, as shown in Table 2 in the monograph, for each item, more than twice as many *couples* as wives (in which the wife alone was interviewed) indicate that they have never regretted the marriage or that they regard both their spouse and themselves as happy or very happy. Thus, we can regard low marital integration as a factor in refusing to participate in the study. It is possible, however, that *because* these 13 women agreed to be interviewed while their husbands refused, a selective factor of low marital integration was in operation.

### *Marital Integration and Involvement in Parents' Associations*

The relationship between participation in parents' associations and marital integration was examined. There was no consistent relationship found between degree of marital integration and either length of membership in B Association, composed of parents with a child in a state institution, or proportion of meetings attended in C Association, which sponsored a day school for trainable children. The selectivity on the basis of participation in parents' associations thus is inferred to be fairly independent of the selectivity because of low marital integration. Furthermore, on the basis of interviews and personal contacts, it seems that involvement in the parents' associations has drawn more couples of low marital integration into the study than would have occurred without the cooperation of parents' associations.

### *Other Factors Affecting Sample Selection*

While low marital integration may describe some of the tendency to refrain from participating in the study, undoubtedly, other factors were operating. One selective factor was that parents did not wish to bring up or dwell upon a situa-

tion fraught with frustration, guilt, and anxiety. Many parents (six gave this reason explicitly) refused because they would "rather not bring the subject up." Six other families refused on the basis that they were "not interested" or the interview would not help their child. Eleven families agreed to be interviewed, but later could not face the interview situation. They used delaying tactics such as postponing appointments, repeated claims of different illnesses, repeated promises to call back, being away from home at the times arranged for the interview, or turning out the lights when the interviewers approached the house. The majority of nonparticipating families on the mailing lists, however, could not be approached to ascertain reasons for refusal to return the reply form. Most of the mailing lists were given to the investigator on the condition that he would not "bother" those who did not indicate a desire to be interviewed.

Although participants were not asked in any systematic way to give their reasons for participating in the study, many of them communicated their reasons either orally to the interviewer or on the reply form. Since the data were not collected in any systematic fashion, there will be no attempt to quantify the responses. Several reasons for volunteering to be interviewed are presented below:

1. To promote the welfare of mentally retarded children and their families. Many parents indicated that they were participating so that other parents could avoid the difficulties they themselves had endured.

2. To cooperate with the parents' association in its aims, one of which is to participate in research projects. Several parents who gave this reason (before being interviewed) felt that survey-type studies would not help families with a retarded child.

3. The parents were uncertain of the nature or purpose of the study, but they (a) thought it had to do with keeping their child in a state institution, (b) regarded any research connected with the Institute for Research on Exceptional Children as a worthwhile project, (c) felt personally committed to cooperate in any research on the mentally retarded, or (d) hoped that in some vague way it might help their child or themselves.

4. There is competition between parents' associations. After the investigation was under way, officers of associations who had not yet been contacted felt ignored. One association even took the initiative in contacting the investigator. There was some pressure for the associations to make a "good showing." Some parents who belonged to more than one association indicated on their reply form the association they would like "credited" with their interview.

5. For at least one association, the interviews were regarded as a game. The rules seemed to be that if the parents were contacted they had to participate. Otherwise, they were to "lay low." The parents would include in their daily conversations, "Have you been tagged yet?" or, "You'll probably have to lay low only a little while longer. I heard that they'll finish their interviewing soon."

The variety of reasons for volunteering seems to reflect the many kinds of pressures which operate in participation in the study. That a large number of factors are active seemed to counteract some of the selectivity of the biased sampling lists.

#### DISCUSSION OF INVESTIGATION OF EFFECTS OF THE DATA GATHERING PROCEDURES ON THE RESULTS

In this section, some of the factors influencing the composition of the sample have been described. The population to which this study is supposed to apply is a highly urbanized one and of the following characteristics:

a. The parents of a child aged 16 or under regard him as severely mentally retarded.

b. The parents of the child are married and living together.

c. The parents have had some contact with an association for promoting the welfare of the mentally retarded. Our estimate is that this last characteristic includes roughly 50 per cent of the parents in "a" and "b." The exclusion of a sizeable proportion of parents with a severely mentally deficient child raises the problem of whether there is any consistency in the attributes of those who are in contact with parents' associations and those who are not. If rates for exclusion from public school are used as an index of the proportion of trainable mentally handicapped in an area, the higher the socioeconomic rank, the smaller tends to be the rate of trainable mentally handicapped children. The association lists, however, show a marked overrepresentation of parents from areas of income and education which are higher than the median for Chicago. The lists are deficient in parents from predominantly Negro areas. The association lists are thus heavily weighted with parents in the middle of the range of socioeconomic rank and are not representative socioeconomically of the total population in Cook County of parents with mentally retarded children.

If we regard the middle-class white population who have contacted parents' associations as the group about whom we shall say our inferences pertain, we can report that, socioeconomically, the parents in the sample are similar to all of those on the associations' list.

The effects of the procedures in selecting the sample and in interviewing on the results of the investigation were as follows:

a. The method used to contact parents by asking them to return a reply-form (so that an interview appointment could be made) reduced somewhat the proportion who responded but increased the proportion of interviews regarded as valid.

b. The degree to which the parents were involved in the parents' associations influenced their participation in the study. Those parents who had been members longer and those who attended meetings more frequently were more likely to volunteer to be interviewed than those who did not. There was, however, no consistent relationship between length of membership or frequency of attending meetings and marital integration of the parents.

c. Parents with low marital integration tended to participate less frequently than parents with high marital integration. The extent of this tendency is not known, but is based on cases in which only the wife volunteered to be interviewed and on the elimination from the study of parents who are divorced or separated. Therefore, it will be expected that the results of the study will understate the severity of the impact of the mentally retarded child on family integration. Because many of the extreme cases were not studied, we can have a high degree of confidence in findings which are found to be statistically significant.

d. Most of the parents seem to have participated in the study either because they were convinced of the value of research for promoting the welfare of the mentally retarded or because of their involvement in the parents' association. The pressure of the parents' association would have the effect of reducing the systematic selectivity occurring when respondents are self-selecting and thereby would increase the degree of variability in the characteristics of the sample.



## APPENDIX D

## DISTRIBUTION OF MARITAL INTEGRATION SCORES

TABLE 25

DISTRIBUTION OF MARITAL INTEGRATION SCORES OF PARENTS OF  
SEVERELY RETARDED BOY, BY RESIDENCE OF RETARDED  
BOY AT HOME OR IN AN INSTITUTION AND BY  
MARITAL PREDICTION SCORES OF PARENTS

	NUMBER OF CASES					
	FAMILIES WITH RETARDED BOY AT HOME		FAMILIES WITH RETARDED BOY IN AN INSTITUTION			
Marital Integration Score	High Marital Prediction Parents	Low Marital Prediction Parents	High Marital Prediction Parents	Low Marital Prediction Parents	Total Families with a Retarded Boy	
6 .....	6	4	3	3	16	
5 .....	7	6	3	4	20	
4 .....	11	10	8	5	34	
3 .....	9	11	4	5	29	
2 .....	5	15	1	2	23	
1 .....	7	3	1	1	12	
0 .....	2	6	1	2	11	
Total no. of cases	47	55	21	22	145	

TABLE 26

DISTRIBUTION OF MARITAL INTEGRATION SCORES OF PARENTS OF  
SEVERELY RETARDED GIRL, BY RESIDENCE OF RETARDED  
GIRL AT HOME OR IN AN INSTITUTION AND BY  
MARITAL PREDICTION SCORES OF PARENTS

	NUMBER OF CASES					
	FAMILIES WITH RETARDED GIRL AT HOME		FAMILIES WITH RETARDED GIRL IN AN INSTITUTION			
Marital Integration Score	High Marital Prediction Parents	Low Marital Prediction Parents	High Marital Prediction Parents	Low Marital Prediction Parents	Total Families with a Retarded Girl	
6	9	2	3	1	15	
5	7	6	0	2	15	
4	17	4	1	5	27	
3	13	3	3	1	20	
2	5	1	1	3	10	
1	0	3	1	0	4	
0	2	1	0	1	4	
Total no. of cases	53	20	9	13	95	

## APPENDIX E

### INDEX OF NORMAL CHILD'S FAMILY-ROLE TENSION\*

The index of role tension of the normal siblings of the retarded child seems to have much face validity. To provide additional support for the validity of the index, however, scores on the child's role tension were compared with the amount of dissatisfaction by the mother with the behavior of the child in a sample of families in which all children were of normal intelligence.

As described in the section on procedure, the index consists of ratings by the mother for the child on 10 personality traits. These traits include stubborn, gets angry easily, feelings easily hurt, nervous or irritable, moody, jealous, dominating or bossy, easily excited, easily depressed, and self-centered. The mother rates these traits on a five point scale. In the scoring, the category *has the trait very much* receives a weight of  $-2$  and the category *hasn't the trait at all* receives a weight of  $+2$ . These scores are added to provide the index of role tension. A high score indicates a low amount of role tension.

The situation which the index is supposed to describe in shorthand form is the extent to which two persons may develop roles which are inconsistent with one another in the performance of daily routines or in meeting critical events. The index is supposed to take into account the interaction of persons performing roles inconsistent with one another. In this interaction, the person redefines his conceptions of the personal attributes of both self and other. Because the index of role tension focuses upon the concepts of self and other growing out of interaction, the role tension scores should be related to the amount of dissatisfaction by the person with the behavior of the other. Thus, the mother's rating of the personality traits of her child should reflect to some extent the amount of her dissatisfaction with the behavior of that child.

Two hypotheses relating role tension to amount of dissatisfaction with the child's behavior were tested:

Hypothesis A. *The degree of family-role tension of a normal child, as indicated by the mother's ratings, tends to vary directly with the amount of dissatisfaction with the child's behavior reported by the mother.*

Hypothesis B. *Within each family, the mother tends to indicate a greater amount of role tension for the child whose behavior is more dissatisfying to her than for the child whose behavior is less dissatisfying to her.*

## PROCEDURE

The information on the role tension of the child and on dissatisfaction with the child's behavior was collected as part of an interview with the parents in their homes. The parents' association of a Catholic parochial school in Champaign, Illinois, provided a list of parents with children in the seventh, eighth, and ninth grades. These parents were contacted first by letter and then by telephone and were asked to participate in the study. Of the original list of 141 families, nine families moved and could not be reached, 28 refused to participate, 28 were contacted but were unable to arrange a time when the whole family could be interviewed, and 76 families were interviewed. Of the 76 families, however, only 69 provided interviews for husband, wife, and at least one child aged 10 to 17. In the other six families, the interviews were not analyzed because the child was living with grandparents, the child was living with foster parents, the parents

\* By Bernard Farber and Julia L. McHale.

were recent immigrants, the mother was widowed, or the husband did not complete his form.

The sample consisted of 69 families in which the parents were married at the time of the study, all children were of normal intelligence, and at least one parent was Catholic. The parents were white, had been married a mean of 19.3 years, and had a mean of 3.74 children. The mean age of the fathers was 44.7 years and the mean age of the mothers was 41.9. The mean number of years of formal education completed was 12.9 for the fathers and 12.1 for the mothers. Half of the fathers (35 cases) were categorized according to the T.J. S. Census occupational classification as professionals, managers, or proprietors.

The instruments used and the methods of analysis are described below. During the course of the interview, in addition to the index of role tension, the mother also rated her satisfaction with the child's behavior. Nonparametric statistical procedures were used to examine the relationship between the role tension scores and dissatisfaction with the child's behavior (59).

The extent of dissatisfaction by the mother with her child's behavior was indicated by her rating of 50 activities of the child. The list included activities related to school, home, recreation, work, authority relations, social-emotional relations, and personal interests. The mother was asked, "If you could change the following activities of \_\_\_\_\_ merely by checking them below, which of the following activities would you like to have him do more or less and which would you like to have him do as he does now?" The mother was then asked to check whether she wished her child to do each activity *muck less*, *a little less*, *as he does now*, *a little more*, or *much more*. The amount of dissatisfaction with the child's behavior was computed by counting the number of items on which the mother checked any category except *as he does now*.

In the test of the first hypothesis concerning the relationship between role tension and dissatisfaction with the child's behavior, the mother's ratings for the oldest child in the 12 to 15 age range in each family were used. This was done to insure independence of ratings. Otherwise, statistical inferences could not be made. The Spearman rank correlation coefficient was used to measure the degree of association between role tension and dissatisfaction with the child's behavior.

In the test of the second hypothesis, in which mother's ratings for children in the same family were compared, the mother's ratings on role tension and dissatisfaction with behavior of the child involved in the test of the first hypothesis were compared with those of the sibling who was nearest to that child in age. For example, if the child involved in the first hypothesis was 13 years of age and had siblings 14 and 15 years old, comparison for the second hypothesis would be between the mother's ratings for the 13-year-old child and the 14-year-old child. In the test of the second hypothesis, the Wilcoxon matched-pairs signed-ranks test was used for making a statistical inference. In the application of this test, the child with whose behavior the mother was more dissatisfied was placed in one group and the child with whose behavior the mother was less dissatisfied was placed in another group. The Wilcoxon test was then applied to determine whether the mother indicated beyond chance expectation a greater role tension for the child whose behavior she found less satisfying to her.

Inasmuch as the direction of results was indicated in the hypotheses, a one-tailed test was used as a basis for statistical inferences. The .05 level of significance was used as a criterion for rejecting the null hypotheses.

## RESULTS

To test the hypothesis that degree of role tension and amount of dissatisfaction with the child's behavior vary directly with one another, the mothers' ratings on

TABLE 27

DISTRIBUTION OF FAMILY ROLE TENSION SCORES OF SIBLINGS, AGED 6 TO 15, OF RETARDED CHILDREN, BY SEX OF NORMAL SIBLINGS AND BY RESIDENCE OF RETARDED CHILD AT HOME OR IN INSTITUTION

NUMBER OF CASES					
Family Role Tension Score	NORMAL GIRL AGED 6 TO 15		NORMAL BOY AGED 6 TO 15		Total No. of Cases
	Retarded Child at Home	Retarded Child in Institution	Retarded Child at Home	Retarded Child in Institution	
20	1				1
19					
18					
17	2		3	2	7
16	1	2	2		5
15	1	3		1	5
14	1	2	2	1	6
13	1	1	3		5
12	2	1	5		8
11	3		2		5
10		1	2		3
9	3	2	3	2	10
8	4	3	2	1	10
7	6		1	2	9
6	3	1	3	3	10
5	2	3	3	1	9
4	2	2	4	1	9
3	4	2	1	3	10
2	1	2		1	4
1	2				2
0	5	1	2	1	9
-1			1	1	2
-2	1		3		4
-3	2				2
-4	1		1	1	3
-5			1	1	2
-6	1		2		3
-7	4			1	5
-8		1	1		2
-9					
-10					
-11					
-12				1	1
-13					
-14	1				1
-15					
-16					
-17				1	1
Total	54	27	47	25	153

the role tension of their oldest child in the 12 to 15 age range **were correlated**, using ranks, with ratings of dissatisfaction with the child's behavior. **The index** of role tension is so scored that a high score indicates low **role tension**. **The resulting** Spearman correlation coefficient was  $-0.37$ , significant at the **.05 level**. The first hypothesis **was** therefore supported by the data.

The second hypothesis that within each family the **mother would tend to** give a higher role tension *score* to the child with whose behavior she **was** less dissatisfied was tested on the basis of the Wilcoxon matched-pairs **signed-ranks** test. Of the 69 families, role tension scores and ratings by the mother on dissatisfaction with the child's behavior were available in 33 families for **more than** one child aged 12 to 17. Of the 33 families, one mother did not distinguish between her children in the amount of dissatisfaction with their behavior and in **six** other families the mother assigned the same Vole tension score to both children considered in this hypothesis. Hence, the number of cases used in the Wilcoxon test was 26. With a critical ratio of 1.92 and the probability inferred on the basis of a one-tailed test and a normal distribution, the results are significant at the **.03 level**. Hence, the second hypothesis was also supported.

#### DISCUSSION

To provide validating information for the normal siblings' role tension index, two hypotheses were tested. The first hypothesis was that the score on the role tension index would be negatively correlated with the number of the child's activities with which the mother was dissatisfied. The second hypothesis was that in comparing the role tension of her own children, the mother would tend to give a lower score (i.e., high role tension) to the child whose behavior she found more dissatisfying. These hypotheses were tested on a group of 69 families with a child in a Catholic parochial school. Both hypotheses were substantiated by the data. There is, thus, some justification for regarding the index of siblings' family role tension as representing a situation in which the system of family roles involves conflict, friction, or other disturbance.

That the other factors aside from the mother's dissatisfaction with the child's behavior enter into the role tension score is indicated by the fact that only about 14 per cent of the role tension score variance was explained by the dissatisfaction score. It is possible that the mother may regard the child's failure to act properly in one activity as so important that she minimizes the appropriateness of the child's behavior in all other activities. The system of mother-child roles would thus be placed in tension. On the other hand, the mother may be so tolerant of the child's shortcomings that she adjusts her own role to operate effectively with the child's role and the failure of the child to meet her expectations would result in little role tension.

The distribution of family-role tension scores of normal siblings, aged 6 to 15, of severely retarded children in the study reported in this monograph is presented in Table 27.

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